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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

ASPEN 33611

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

Local File Number: 18 — State File Number: 85-000902

1. DECEASED—NAME (First, Middle, Last): VELDA MAY SLOAN			2. DATE OF DEATH (month, day, year): January 14, 1985
3. RACE: White	4. SEX: Female	5a. AGE—Last birthday (years): 71	6. DATE OF BIRTH: May 11, 1913
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b. HOSPITAL OR OTHER INSTITUTION—NAME: West Medical Center	7c. If hosp. or inst. indicate DOA, OP/Emer. Rm., Inpatient: Inpatient	7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH: Oregon	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	11. SPOUSE: Floyd
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No			
13. SOCIAL SECURITY NUMBER: 544-38-8477	14a. USUAL OCCUPATION: Housewife	14b. KIND OF BUSINESS OR INDUSTRY: At Home	
15a. RESIDENCE—STATE: Oregon	15b. COUNTY: Klamath	15c. CITY, TOWN, OR LOCATION: Klamath Falls	15d. STREET AND NUMBER OR R.F.D., ZIP: 5131 Bristol 97603
15e. Inside City Limits: No			
16. FATHER—NAME: Evan Anderson	17. MOTHER—NAME (Maiden Name): Anna Boyd	18. INFORMANT—NAME and relationship to deceased: Floyd Sloan - Husband	
19a. BURIAL, CREMATION, REMOVAL: Burial	19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens	19c. LOCATION: Klamath Falls, Ore.	
20a. FUNERAL SERVICE LICENSEE (Signature): Jim Lancaster	20b. NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon		
21a. CERTIFYING PHYSICIAN (Signature): Kenneth K. Magee	21b. DATE SIGNED: 1-14-85	21c. HOUR OF DEATH: 4:53 A.M.	
21d. NAME AND ADDRESS OF CERTIFIER: Kenneth K. Magee, MD 905 Main St.. Klamath Falls, Ore.			
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:			
22a. DATE RECEIVED BY REGISTRAR: JAN 14 1985	22b. REGISTRAR (Signature): [signature]		
23. PART I (a) IMMEDIATE CAUSE: Respiratory Arrest			Interval between onset and death: minutes
(b) DUE TO OR AS A CONSEQUENCE OF: Massive Intracerebral Hemorrhage			Interval between onset and death: about 1 Day
(c) DUE TO OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS:		24. AUTOPSY: No	25. WAS MEDICAL EXAMINER NOTIFIED: No
26a. ACCIDENT: No	26b. DATE OF INJURY:	26c. HOUR OF INJURY:	26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK:	26f. PLACE OF INJURY:	26g. LOCATION:	

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12/83

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: OCT 30 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 11th day of Jan. A.D., 19 90 at 4:07 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 831.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: A.T.C.