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Vol. 791 Page 9534

CERTIFICATION OF VITAL RECORD

F 1983
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Clason Middle: Frye Last: LAMBERT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 19, 1991																				
4. SOCIAL SECURITY NUMBER 057-10-9430		5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days																				
6. BIRTHPLACE (City and State or Foreign) Kennebunkport, ME		7. DATE OF BIRTH (Month, Day, Year) May 4, 1914																					
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)																							
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. COUNTY OF DEATH Klamath																					
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Insurance Claim Adjustor		10b. KIND OF BUSINESS/INDUSTRY Insurance Claims																					
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married		12. SPOUSE (If Married, Widowed) -																					
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath																					
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 15610 Stage Coach Road																					
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE 97601																					
16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		17. RACE American Indian, Black, White, etc. (Specify) White																					
18. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 5+) 4		19. INFORMANT - NAME and relationship to deceased James Hart Friend																					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service																					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael O'Hair</i>		21b. LICENSE NUMBER (Of Licensee) 3287																					
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>																					
24. DATE FILED (Month, Day, Year) MAY 20 1991		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																					
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

452 REV. 1-88

DATE ISSUED **MAY 20 1991**Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James Hart the 20th day
of May A.D., 19 91 at 4:01 o'clock PM, and duly recorded in Vol. M91
of Deeds on Page 9534.Evelyn Biehn - County Clerk
By Donna A. Verling

FEE \$8.00

Return: James Hart
15610 Stagecoach Rd., Klamath Falls, Or. 97601