

44067

AFTER RECORDING RETURN TO:

CERTIFIED COPY

MTC 27461-LB

MARNI BLACK

C/O Chuck Fishers and

Assoc-Attn: MaryAnn

403 Main Street

Klamath Falls, Or 97601

OREGON STATE BOARD OF HEALTH

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VITAL STATISTICS SECTION

STATE OF OREGON

70 003771

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last Clifford Lea Black		DATE OF DEATH (month, day, year) 2. March 24, 1970	
1. RACE White, Negro, American Indian, etc. (specify) White		2. DATE OF BIRTH (month, day, year) 6. April 25, 1900	
3. SEX Male		4. AGE—Last birthday (years) 5a. 69	
5. Under 1 year mos. days		6. Under 1 day hours min.	
7a. COUNTY OF DEATH Klamath		7b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
8. STATE OF BIRTH (if not in U.S.A., name country) Minnesota		9. CITIZEN OF WHAT COUNTRY USA	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married		11. NAME OF SPOUSE Marnie Black	
12. SOCIAL SECURITY NUMBER 526-14-3485		13. KIND OF BUSINESS OR INDUSTRY Southern Pacific Railroad	
14a. RESIDENCE—STATE Oregon		14b. COUNTY Klamath	
14c. CITY, TOWN, OR LOCATION Klamath Falls		14d. STREET AND NUMBER OR R.F.D. 3131 Bishee	
15. FATHER—NAME first middle last Edward Black		16. MOTHER—Maiden Name first middle last Edith Masteller	
17. Marnie Black (wife)		approximate interval between onset and death 6 months	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))			
18. Immediate cause PROSTATIC CARCINOMA WITH METASTASIS			
(a) due to, or as a consequence of:			
(b) due to, or as a consequence of:			
(c) due to, or as a consequence of:			
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) ANEMIA			
AUTOPSY (yes or no) 19a. NO			
IF YES were findings considered in determining cause of death 19b.			
ACCIDENT (specify yes or no) 20a. NO			
DATE OF INJURY (month, day, year) 20b. 2-1-69			
HOUR 20c. 3-15-70			
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)			
INJURY AT WORK (specify yes or no) 20e. NO			
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. Medical Dental Building			
LOCATION (street or R.F.D. No., city or town, county, state) 20g. Klamath Falls, Oregon			
CERTIFICATION—PHYSICIAN: I attended the deceased from: 2-1-69 to 3-15-70			
And Last Saw Him/Her Alive on: month day year 3-15-70			
I Did/Did Not view the body after death (specify)			
DEATH OCCURRED (hour) 7:25 a.m.			
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.			
21. PHYSICIAN—SIGNATURE Everett E. Howard M.D.			
22a. MAILING ADDRESS—PHYSICIAN Medical Dental Building Klamath Falls, Oregon 97601			
22b. NAME (type or print) Everett E. Howard degree or Title M.D.			
22c. DATE SIGNED (month, day, year) MAR 23 1970			
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			
24a. CEMETERY OR CREMATORY—NAME Eter. Hills Mem. Gar.			
24b. LOCATION city or town Klamath Falls, Oregon			
24c. DATE (mo., day, year) 24d. March 27, '70			
25a. FUNERAL DIRECTOR—SIGNATURE Ward's Klamath Funeral Home, Box 217, Klamath Falls, Oregon 97601			
25b. FUNERAL HOME—NAME AND ADDRESS			
25c. DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1970			
25d. DATE RECEIVED BY STATE REGISTRAR APR - 6 1970			

STATE OF OREGON  
County of Multnomah

ss.

DATE ISSUED

APR 21 1970

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 27th day of April A.D., 1992 at 2:55 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 8976.

FEE \$10.00

Evelyn Biehn

County Clerk

By

Pauline Mullendore