

44921

CERTIFICATE OF DEATH

277

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME 1 ARTHUR REID NEECE			DATE OF DEATH (month, day, year) 2 July 4, 1985		
RACE (specify) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 72	DATE OF BIRTH (month, day, year) 6 October 6, 1912	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b 918 W. Oregon Avenue		COUNTY OF DEATH 7c Klamath	
STATE OF BIRTH (If not in U.S.A. name country) 8 Oregon	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Bertha		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 543 / 10 / 1906		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Log Scaler - Retired		KIND OF BUSINESS OR INDUSTRY 14b US Forest Service	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 918 W. Oregon Avenue 97601		
FATHER—NAME first middle last 16 John Harrison Neece		MOTHER—first middle last (Maiden Name) 17 Rachael Reid		INFORMANT—NAME and relationship to deceased 18 Bertha Neece / Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Crementation		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Or.	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b WARD'S - 1945 Main - Klamath Falls, Ore. - 97601			
To be completed by CERTIFYING PHYSICIAN Only 21a <i>[Signature]</i> Thomas E. Klump, MD NAME AND ADDRESS OF CERTIFIER (Type or Print)		DATE SIGNED (MO, Day, Yr) 21b 7/5/85	HOUR OF DEATH 21c 2:05 P M		
21d Thomas E. Klump, MD / 2600 Clover / Klamath Falls, Oregon / 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (MO, Day, Yr) 22a JUL 17 1985		REGISTRAR 22b <i>[Signature]</i> Thomas E. Cavinko			
PART I 23 IMMEDIATE CAUSE (a) Melanotic Adeno Carcinoma Lung DUE TO, OR AS A CONSEQUENCE OF		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c.)		Interval between onset and death 8 mos.	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes	
ACCIDENT (Specify Yes or No) 26a No	DATE OF INJURY (MO, Day, Yr) 26b	HOUR OF INJURY 26c M 26d	DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO	CITY OR TOWN STATE

DECEDENT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

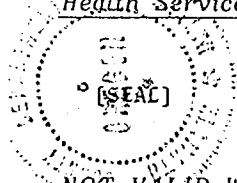
45
3
19
MAY 1985

ORIGINAL - VITAL STATISTICS COPY

After recording return to:
Bertha Neece
P.O. Box 552
Klamath Falls, OR 97601

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.



MARIAN ACKERMAN, Registrar Vital Statistics
By *[Signature]* Deputy Registrar
Date **July 17, 1985**
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of May A.D., 19 92 at 3:45 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 10568

FEE \$10.00

Evelyn Biehn County Clerk
By *[Signature]*