

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEDENT  
IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
**CERTIFICATE OF DEATH**

State File Number \_\_\_\_\_

DATE OF DEATH (month day year) February 23, 1986

DATE OF BIRTH (month day year) December 1, 1915

DECEASED—NAME: Victor B. SANCHEZ

RACE: Mexican SEX: Male AGE—Last birthday (years) 70

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME: Merle West Medical Center

STATE OF BIRTH (if not in U.S.A. name country): Texas CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

SOCIAL SECURITY NUMBER: 558-14-1459 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Janitorial SPOUSE (IF MARRIED WIDOWED): Leoma G. Sanchez

KIND OF BUSINESS OR INDUSTRY: Funeral Service

RESIDENCE—STATE: Oregon COUNTY: Klamath CITY, TOWN, OR LOCATION: Klamath Falls STREET AND NUMBER OR R.F.D., ZIP: 29351 Cortez St. 97601

FATHER—NAME: Alberto - Sanchez MOTHER—NAME: Rosario - Bocanegra INFORMANT—NAME and relationship to deceased: Leoma G. Sanchez, Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial CEMETERY OR CREMATORY—NAME: Klamath Memorial Park LOCATION: Klamath Falls, Ore.

FUNERAL SERVICE LICENSEE (if known, give name and address of facility): O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

DATE SIGNED (M.D. Day Yr): Feb. 24, 1986 HOUR OF DEATH: 1:45 A.

NAME AND ADDRESS OF CERTIFIER (Type or Print): Alden Glidden, M.D., 2680 Uhrmann Rd., Klamath Falls, Ore. 97601

DATE RECEIVED BY REGISTRAR (M.D. Day Yr): FEB 24 1986 REGISTRAR: Marlene C. Clavin

IMMEDIATE CAUSE: Cardiac Arrest

PART I (a) DUE TO OR AS A CONSEQUENCE OF: Prior Myocardial Infarct

(b) DUE TO OR AS A CONSEQUENCE OF: Coronary Artery Disease

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): \_\_\_\_\_

AUTOPSY (Specify Yes or No): No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

ACCIDENT (Specify Yes or No): \_\_\_\_\_ DATE OF INJURY (M.D. Day Yr): \_\_\_\_\_ HOUR OF INJURY: \_\_\_\_\_ DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_

INJURY AT WORK (Specify Yes or No): \_\_\_\_\_ PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): \_\_\_\_\_ LOCATION: \_\_\_\_\_ STREET OR P.F.D. NO: \_\_\_\_\_ CITY OR TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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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 Marlene C. Clavin Deputy Registrar

Date February 24, 1986  
VOID IF ALTERED

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

UPON RECORDING, PLEASE RETURN TO:  
LEOMA G. SANCHEZ  
9643 El Grande Pl.  
Lakeside, CA 92040

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Mountain Title Co  
on this 26th day of Jan. A.D., 19 93  
at 9:39 o'clock A M. and duly recorded  
in Vol. M93 of Deeds Page 1811  
Evelyn Biehn County Clerk  
By David M. Anderson Deputy.

Fee, \$10.00