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K-44693

AFTER RECORDING RETURN TO:
Mark Ling-7645 SW Bonita
Tigard, OR 97223

B-3457
ID TAG NO.

247
Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1 DECEASED — NAME: First: Marcus; Middle: Lawrence; Last: LING

2 DATE OF DEATH (month, day, year): Found June 26, 1987

3 RACE (White, Black, American Indian, etc.) (specify): American Indian

4 SEX: Male

5a AGE — Last birthday (years): 66

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): September 2, 1920

7a CITY, TOWN OR LOCATION OF DEATH: Near Chiloquin

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): HC 30 Box 1466

7c IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (specify): —

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Montana

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced

11 SPOUSE (IF MARRIED, WIDOWED): —

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 517-14-7612

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rangemaster

14b KIND OF BUSINESS OR INDUSTRY: Rife Range

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Chiloquin

15d STREET AND NUMBER OR R.F.D.: HC 30 Box 1466

ZIP: 97624

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Marcus Alfred Ling

17 MOTHER — first middle last (Maiden Name): Marie Agnes Darnell

18 INFORMANT — NAME and relationship to deceased: Mark Charles Ling, son

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon 976

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Robert Mullen MD

21b DATE SIGNED (Mo., Day, Year): June 27, 1987

21c HOUR OF DEATH: 1?1 M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Robert Mullen, MD, Chiloquin Plaza, P.O. Box 466, Chiloquin, Oregon ZIP 97624

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): June 29, 1987

22b REGISTRAR (Signature): Darlene E Reynolds

CAUSE OF DEATH

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

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

(a) Atherosclerotic vascular disease — Interval between onset and death: At least 20 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(b) Diabetes Mellitus — Interval between onset and death: Many yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No

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

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev. 6-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E Reynolds Deputy Registrar

Date June 29 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 1st day of March A.D., 19 93 at 2:44 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 4183.

Evelyn Biehn County Clerk

By Pauline Muilenaere

FEE $10.00