

**CERTIFIER**

26	23 - e-2	<b>PARENTS.</b>  NAME OF DECEDENT <u>FLORY, LLOYD</u> FOR USE BY COUNCILMAN INSTITUTION	1 P&P PRINT IN PRESENTING BLACK & W. INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.
7 - c-7	27d		
7 - n-1	27b - i		
26	27b - j		
2c	27b - k1		
10	27c - c3		
12a	27b - c4		
12a	26a		
13a	27b - c5		
13b	27b - c6		
13c & 1	27b - c7	<b>DISPOSITION</b>  SEE INSTRUCTIONS ON OTHER SIDE	
13a	27b - c8		
13b	27b - c9		
14	27b - c10		
15	27b - c11		
16	27b - c12		
22b	27b - c13		
23a	27b - c14		
23 - e-1	27b - c15		
23 - e-2	27b - c16		<b>CAUSE OF DEATH</b>  SEE INSTRUCTIONS ON OTHER SIDE
23 - e-3	27b - c17		
23 - e-4	27b - c18		
23 - e-5	27b - c19		
23 - e-6	27b - c20		
23 - e-7	27b - c21		
23 - e-8	27b - c22		
23 - e-9	27b - c23		
23 - e-10	27b - c24		
23 - e-11	27b - c25		

1. DECEASENT NAME (First, Middle, Last)		2. SEX		3. DATE OF BIRTH (Month, Day, Year)	
Lloyd		Male		June 18, 1992	
4. SOCIAL SECURITY NO.		5. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (City and State or Foreign Country)	
513-05-3076		July 9, 1913		Lone Star, Kansas	
7. WAS DECEASENT EVER IN U.S. ARMED FORCES?		8. PLACE OF DEATH (Check only one; see instructions on other side)		9. COUNTY OF DEATH	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Encompassment <input type="checkbox"/> DCA <input type="checkbox"/> Other:		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not collection, give street and number)		11. CITY, TOWN, OR LOCATION OF DEATH		12. COUNTY OF DEATH	
Oregon		Osage Beach		Camden	
13. STREET AND NUMBER		14. INSIDE CITY LIMITS		15. YEARS AT PRESENT ADDRESS	
10103 Mt. Fanny		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-18 <input checked="" type="checkbox"/> 20 or more			
16. PLACE OF DEATH OF HISpanic ORIGIN (Specify one or two - if not specify Cuban, Mexican, Puerto Rican, etc.)		17. PLACE - American Indian, Black, White, etc. (Specify)		18. DECEASENT'S EDUCATION (Specify only highest grade completed)	
		White		<input type="checkbox"/> Elementary/Secondary (8-12) <input type="checkbox"/> College (1-4 or 5+)	
19. FATHER'S NAME (First, Middle, Last)		20. MOTHER'S NAME (First, Middle, Maiden Surname)		21. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use last listed)	
Bert Flory		Bessie B. Taylor		Tractor Dealership	
22. INFORMATION NAME (Typed/print)		23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code)		24. LOCATION - City or Town, State	
Dean Flory		1630 S. W. Lilyben, Gresham, Oregon 97080		BEND, OREGON	
25. BIRTH, CREATION, OTHER (Specify)		26. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or DESCHUTES MEMORIAL GARDENS)		27. LICENSE NUMBER	
JUNE 23, 1992				1299	
28. SIGNATURE OF DECEASENT, SERVICE LICENSE OR 29. NAME AND ADDRESS OF FACILITY		30. CAMDEN, OREGON		31. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use last listed)	
28. SIGNATURE OF DECEASENT, SERVICE LICENSE OR 29. NAME AND ADDRESS OF FACILITY 32. DATE OF DISPOSITION 33. DATE OF DEATH 34. DATE OF BIRTH 35. DATE OF DEATH 36. DATE OF BIRTH 37. DATE OF DEATH 38. DATE OF BIRTH 39. DATE OF DEATH 40. DATE OF BIRTH 41. DATE OF DEATH 42. DATE OF BIRTH 43. DATE OF DEATH 44. DATE OF BIRTH 45. DATE OF DEATH 46. DATE OF BIRTH 47. DATE OF DEATH 48. DATE OF BIRTH 49. DATE OF DEATH 50. DATE OF BIRTH 51. DATE OF DEATH 52. DATE OF BIRTH 53. DATE OF DEATH 54. DATE OF BIRTH 55. DATE OF DEATH 56. DATE OF BIRTH 57. DATE OF DEATH 58. DATE OF BIRTH 59. DATE OF DEATH 60. DATE OF BIRTH 61. DATE OF DEATH 62. DATE OF BIRTH 63. DATE OF DEATH 64. DATE OF BIRTH 65. DATE OF DEATH 66. DATE OF BIRTH 67. DATE OF DEATH 68. DATE OF BIRTH 69. DATE OF DEATH 70. DATE OF BIRTH 71. DATE OF DEATH 72. DATE OF BIRTH 73. DATE OF DEATH 74. DATE OF BIRTH 75. DATE OF DEATH 76. DATE OF BIRTH 77. DATE OF DEATH 78. DATE OF BIRTH 79. DATE OF DEATH 80. DATE OF BIRTH 81. DATE OF DEATH 82. DATE OF BIRTH 83. DATE OF DEATH 84. DATE OF BIRTH 85. DATE OF DEATH 86. DATE OF BIRTH 87. DATE OF DEATH 88. DATE OF BIRTH 89. DATE OF DEATH 90. DATE OF BIRTH 91. DATE OF DEATH 92. DATE OF BIRTH 93. DATE OF DEATH 94. DATE OF BIRTH 95. DATE OF DEATH 96. DATE OF BIRTH 97. DATE OF DEATH 98. DATE OF BIRTH 99. DATE OF DEATH 100. DATE OF BIRTH 101. DATE OF DEATH 102. DATE OF BIRTH 103. DATE OF DEATH 104. DATE OF BIRTH 105. DATE OF DEATH 106. DATE OF BIRTH 107. DATE OF DEATH 108. DATE OF BIRTH 109. DATE OF DEATH 110. DATE OF BIRTH 111. DATE OF DEATH 112. DATE OF BIRTH 113. DATE OF DEATH 114. DATE OF BIRTH 115. DATE OF DEATH 116. DATE OF BIRTH 117. DATE OF DEATH 118. DATE OF BIRTH 119. DATE OF DEATH 120. DATE OF BIRTH 121. DATE OF DEATH 122. DATE OF BIRTH 123. DATE OF DEATH 124. DATE OF BIRTH 125. DATE OF DEATH 126. DATE OF BIRTH 127. DATE OF DEATH 128. DATE OF BIRTH 129. DATE OF DEATH 130. DATE OF BIRTH 131. DATE OF DEATH 132. DATE OF BIRTH 133. DATE OF DEATH 134. DATE OF BIRTH 135. DATE OF DEATH 136. DATE OF BIRTH 137. DATE OF DEATH 138. DATE OF BIRTH 139. DATE OF DEATH 140. DATE OF BIRTH 141. DATE OF DEATH 142. DATE OF BIRTH 143. DATE OF DEATH 144. DATE OF BIRTH 145. DATE OF DEATH 146. DATE OF BIRTH 147. DATE OF DEATH 148. DATE OF BIRTH 149. DATE OF DEATH 150. DATE OF BIRTH 151. DATE OF DEATH 152. DATE OF BIRTH 153. DATE OF DEATH 154. DATE OF BIRTH 155. DATE OF DEATH 156. DATE OF BIRTH 157. DATE OF DEATH 158. DATE OF BIRTH 159. DATE OF DEATH 160. DATE OF BIRTH 161. DATE OF DEATH 162. DATE OF BIRTH 163. DATE OF DEATH 164. DATE OF BIRTH 165. DATE OF DEATH 166. DATE OF BIRTH 167. DATE OF DEATH 168. DATE OF BIRTH 169. DATE OF DEATH 170. DATE OF BIRTH 171. DATE OF DEATH 172. DATE OF BIRTH 173. DATE OF DEATH 174. DATE OF BIRTH 175. DATE OF DEATH 176. DATE OF BIRTH 177. DATE OF DEATH 178. DATE OF BIRTH 179. DATE OF DEATH 180. DATE OF BIRTH 181. DATE OF DEATH 182. DATE OF BIRTH 183. DATE OF DEATH 184. DATE OF BIRTH 185. DATE OF DEATH 186. DATE OF BIRTH 187. DATE OF DEATH 188. DATE OF BIRTH 189. DATE OF DEATH 190. DATE OF BIRTH 191. DATE OF DEATH 192. DATE OF BIRTH 193. DATE OF DEATH 194. DATE OF BIRTH 195. DATE OF DEATH 196. DATE OF BIRTH 197. DATE OF DEATH 198. DATE OF BIRTH 199. DATE OF DEATH 200. DATE OF BIRTH 201. DATE OF DEATH 202. DATE OF BIRTH 203. DATE OF DEATH 204. DATE OF BIRTH 205. DATE OF DEATH 206. DATE OF BIRTH 207. DATE OF DEATH 208. DATE OF BIRTH 209. DATE OF DEATH 210. DATE OF BIRTH 211. DATE OF DEATH 212. DATE OF BIRTH 213. DATE OF DEATH 214. DATE OF BIRTH 215. DATE OF DEATH 216. DATE OF BIRTH 217. DATE OF DEATH 218. DATE OF BIRTH 219. DATE OF DEATH 220. DATE OF BIRTH 221. DATE OF DEATH 222. DATE OF BIRTH 223. DATE OF DEATH 224. DATE OF BIRTH 225. DATE OF DEATH 226. DATE OF BIRTH 227. DATE OF DEATH 228. DATE OF BIRTH 229. DATE OF DEATH 230. DATE OF BIRTH 231. DATE OF DEATH 232. DATE OF BIRTH 233. DATE OF DEATH 234. DATE OF BIRTH 235. DATE OF DEATH 236. DATE OF BIRTH 237. DATE OF DEATH 238. DATE OF BIRTH 239. DATE OF DEATH 240. DATE OF BIRTH 241. DATE OF DEATH 242					

MISSOURI DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER

ATC 39557

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.  
(Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

**STATE OF MISSOURI**

STATE OF MISSOURI } ss. I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of \_\_\_\_\_

MO 580-110417-001

### Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co the 9th day  
of April A.D., 19 93 at 10:40 o'clock A M., and duly recorded in Vol. M93  
on Page 7330

on Page 134  
Evelyn Biehn, County Clerk  
By Dorine Muel

FEE \$10.00