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

CERTIFICATE OF DEATH

336 — Local File Number — State File Number

1 DECEASED—NAME First: Kenneth	Middle: R.	Last: Martell		2 DATE OF DEATH (month day year): August 20, 1984	
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 64	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month day year): February 9, 1920
7a CITY, TOWN OR LOCATION OF DEATH: LaPine	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): H-C-61 Box 49 Paul Lane		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): Nova Scotia, Can.	9 CITIZEN OF WHAT COUNTRY: Canada	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Juanita	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No	
13 SOCIAL SECURITY NUMBER: 546-66-3382	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintenance		14b KIND OF BUSINESS OR INDUSTRY: Hospital		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: LaPine	15d STREET AND NUMBER OR R.F.D., ZIP: H-C-61 Box 49 Paul Lane 97739	15e Inside City Limits (specify yes or no): No	
16 FATHER—NAME first middle last: John Martell	17 MOTHER—first middle last (Maiden Name): Amy Ethel Francis		18 INFORMANT—NAME and relationship to deceased: Juanita Martell, wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Deschutes Memorial Gardens		19c LOCATION City or Town, State: Bend, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Frank Blanchard	20b NAME AND ADDRESS OF FACILITY: Deschutes Memorial Gardens Mortuary, 63875 N. Hwy. #97, Bend, Oregon				
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]: Richard H. Woods	21b DATE SIGNED [Mo. Day Yr.]: August 21, 1984	21c HOUR OF DEATH: 12 Midnight			
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dr. Richard H. Woods, M. D. 1501 N.E. Medical Center Dr., Bend, Oregon					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: AUG 23 1984	22b REGISTRAR [Signature]: Adrienne E Cravens				

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

PART I
(a) Metastatic adenocarcinoma to liver (primary unknown) — Interval between onset and death: 4-6 mos
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
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): None

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo. Day Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK [Specify Yes or 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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12 83

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

(SEAL)

By Adrienne E Cravens, Deputy Registrar

Date AUG 23 1984

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Juanita Martell the 29th day of April A.D., 19 93 at 11:51 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 9238.

Evelyn Biehn County Clerk

By Darlene Mueninghoff

FEE $10.00

Return: Juanita Martell
HC 61, Box 49, LaPine, Or. 97739