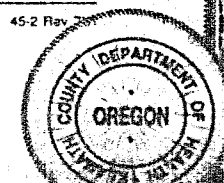


CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

1. DECEASED'S First Name Raymond		Middle Name DATE		Last Name KING		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 11, 1993
4. SOCIAL SECURITY NUMBER 571-44-3668		5a. AGE-Last Birthday (Years) 58	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Strong City, OK		7. DATE OF BIRTH (Month, Day, Year) May 18, 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		HOSPITAL ☐ Inpatient ☒ Outpatient		DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		9a. PLACE OF DEATH (Check only one)	
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farm Laborer		10b. KIND OF BUSINESS/INDUSTRY Farming		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) Wanda C. King	
13a. RESIDENCE - STATE CA		13b. COUNTY Siskiyou		13c. CITY, TOWN OR LOCATION Tulelake		13d. STREET AND NUMBER State Line R.V. Park Hwy 161	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No		13f. ZIP CODE 96134		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
17. FATHER - NAME first middle last John - King		18. MOTHER - NAME first middle maiden Della - Harrison		19. INFORMANT - NAME and relationship to deceased Wanda C. King Spouse		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 7	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, OR		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Or</i>	
21b. LICENSE NUMBER (Of Licensee) 473287		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601		23. REGISTRAR'S SIGNATURE <i>Charlene Barcus</i>		24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A	
25. TIME OF DEATH 7:50 A.M. M ☒ Yes ☐ No		26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 25. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No		27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>[Signature]</i>		32. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <i>[Signature]</i>		33. DATE SIGNED (Month, Day, Year) September 13, 1993		COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen M.D. 2610 Uhrmann Road, Klamath Falls, OR 97601		35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest) PART I (a) Perforated ulcer of the stomach with metastases DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I None		37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No	
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? ☐ Yes ☒ No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. DESCRIBE HOW INJURY OCCURRED		41g. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: **SEP 14 1993**Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Aspen Title & Escrow** the **23rd** day of **September** A.D., 19 **93** at **10:40** o'clock **A** M., and duly recorded in Vol. **M93** of **Deeds** on Page **24483**Evelyn Biehn County Clerk
By *[Signature]*

FEE \$10.00