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08-24-94A09:10 RCVD

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Return:
Cinda Sittler
P.O. Box 4325
Sunriver, OR 971707

427340 ID TAG NO Local File Number		OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH 136		State File Number	
1. DECEDENT'S NAME Ernest Evans		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) March 19, 1993	
4. SOCIAL SECURITY NUMBER 544-12-2360		5. PLACE OF BIRTH (City and State or Foreign Country) Prineville, Or.		6. DATE OF BIRTH (Month, Day, Year) October 7, 1917	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. CITY, TOWN, OR LOCATION OF DEATH Burns	
10. DECEDENT'S USUAL OCCUPATION (Give kind or work done during Do not use retired) Electrician		11. MARITAL STATUS Widowed		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Louise	
13. RESIDENCE STATE Oregon		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) No		15. RACE White	
16. COUNTY OF DEATH Harney		17. FATHER'S NAME (First, middle, last) Otis Evans		18. MOTHER'S NAME (First, middle, maiden) Mary Jenkins	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Burns Cemetery		21. INFORMANT NAME and relationship to decedent Meloney Peasley Daughter	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Brian R. [Signature]		23. DATE FILED (Month, Day, Year) March 22, 1993		24. REGISTRAR'S SIGNATURE [Signature] Deputy	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. NAME, ADDRESS AND ZIP OF FACILITY LaFollette's Chapel Bx 488 Burns, Or. 97720		27. REGISTRAR'S SIGNATURE [Signature] Deputy	
28. TIME OF DEATH 6:29 P.M.		29. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes		30. DATE SIGNED (Month, Day, Year) March 22, 1993	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) TOM M. FITZPATRICK, M.D. 271 North Egan, Burns, Oregon 97720		32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) (a) Coronary artery disease (b) Renal failure (c) Hypersensitivity vasculitis		33. DATE OF INJURY (Month, Day, Year) March 22, 1993	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		35. DATE OF INJURY (Month, Day, Year) March 22, 1993		36. PLACE OF INJURY (Specify) Home	
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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ Mount in Title Co _____ the 24th _____ day of _____ Aug _____ A.D., 1994 at _____ 10 o'clock _____ A.M., and duly recorded in Vol. _____ M94 _____ of _____ Deeds _____ on Page 26252

FEE \$10.00

Evelyn Biehn County Clerk

By Douglas Mulholland