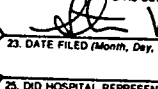
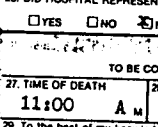


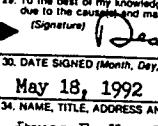
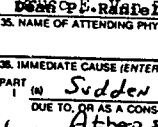
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I.D. TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local Phone Number **920550**

State File Number

1. DECEDENT'S NAME Delbert Leo VINSON		2. SEX M		3. DATE OF DEATH (Month, Day, Year) May 16, 1992	
4. SOCIAL SECURITY NUMBER 556-22-4368		5a. AGE Last Birthday (Years) 71		6. BIRTHPLACE (City and State or Foreign Country) Knoble, Arkansas	
7. DATE OF BIRTH (Month, Day, Year) February 1, 1921		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> ODOA <input checked="" type="checkbox"/> Other	
10. FACILITY NAME (if not institution, give street and number) 2981 State Street #55		11. MARITAL STATUS - Married Married		12. SPOUSE (If Married, Widowed, Overdeceased (Specify)) Bertha O'Neil	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Serviceman		10b. KIND OF BUSINESS/INDUSTRY Tire Company		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Bonanza		13d. STREET AND NUMBER 9898 E. Langell Valley Road	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 8	
17. FATHER - NAME first middle last Robert Vinson		18. MOTHER - NAME first middle maiden Mary M. Hughes		19. INFORMANT - NAME and relationship to deceased Daniel J. Vinson - Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza Memorial Park Cemetery		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSONIFYING AS SUCH 	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) MAY 2 1 1992		24. REGISTRAR'S SIGNATURE 	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 11:00 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) 		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) 	
30. DATE SIGNED (Month, Day, Year) May 18, 1992		33. DATE SIGNED (Month, Day, Year) 	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Donna C. R. White, MD, 555 Black Oak Drive, Medford, Oregon 97504		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 	

36. 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.)		Interval between onset and death	
(a) Sudden Death		minutes	
(b) Atherosclerotic heart disease		Interval between onset and death	
(c) Due to, OR AS A CONSEQUENCE OF:		24 hrs	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes, Renal Failure, Atrial Fibrillation		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DATE OF INJURY (Month, Day, Year) 		41. TIME OF INJURY 	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) 		43. DESCRIBE HOW INJURY OCCURRED 	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State) 		45. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED **MAY 26 1992**

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal Buchanan the 3rd day
of July A.D. 19 95 at 1:14 o'clock P. M., and duly recorded in Vol. M95,
of Deeds on Page 17325.

FEE \$10.00 RETURN: Neal Buchanan
601 Main St Suite 215
K Falls, Or 97601

Bernetha G. Letsch County Clerk