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Page 16843

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J.D. TAG NO

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Local File Number

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

State File Number

1. DECEASED'S NAME: **Ronald Earl FAIR**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **April 20, 1997**

4. SOCIAL SECURITY NUMBER: **543-01-3209**

5. AGE (Last Birthday): **82**

6. PLACE OF BIRTH (Month, Day, Year): **March 5, 1915**

7. PLACE OF DEATH (Month, Day, Year): **Astoria, Oregon**

8. DECEASED'S US ARMY SERVICE: **None**

9. PLACE OF DEATH (Hospital, Home, Other): **Home**

10. DECEASED'S DEATH (Cause): **Building Contractor**

11. DECEASED'S DEATH (Cause): **Building Contractor**

12. RESIDENCE - STATE: **Oregon**

13. COUNTY: **Klamath**

14. CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls**

15. COUNTY OF DEATH: **Klamath**

16. DECEASED'S STATUS: **Married**

17. SPOUSE (Name, Address): **Lorraine H. Fair**

18. DECEASED'S DEATH (Cause): **Building Contractor**

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100. DECEASED'S DEATH (Cause): **Building Contractor**

APR 22 1997

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **2100**28. VITAL MEDICAL EXAMINER'S SIGNATURE: **[Signature]**

29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME AND PLACE INDICATED.

30. DATE SIGNED (Month, Day, Year): **April 21, 1997**31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN: **Robert F. Bohnen, M.D., 2600 Main St., Klamath Falls, OR 97601**32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN DECEASED'S PHYSICIAN: **None**33. IMMEDIATE CAUSE (IDENTIFY ONE CAUSE PER LINE IN ORDER OF IMPORTANCE): **Myocardial Infarction**34. DUE TO, OR AS A COMPLICATION OF: **None**35. DUE TO, OR AS A COMPLICATION OF: **None**36. DUE TO, OR AS A COMPLICATION OF: **None**37. DUE TO, OR AS A COMPLICATION OF: **None**38. DUE TO, OR AS A COMPLICATION OF: **None**39. DUE TO, OR AS A COMPLICATION OF: **None**40. DUE TO, OR AS A COMPLICATION OF: **None**41. DUE TO, OR AS A COMPLICATION OF: **None**42. DUE TO, OR AS A COMPLICATION OF: **None**43. DUE TO, OR AS A COMPLICATION OF: **None**44. DUE TO, OR AS A COMPLICATION OF: **None**45. DUE TO, OR AS A COMPLICATION OF: **None**46. DUE TO, OR AS A COMPLICATION OF: **None**47. DUE TO, OR AS A COMPLICATION OF: **None**48. DUE TO, OR AS A COMPLICATION OF: **None**49. DUE TO, OR AS A COMPLICATION OF: **None**50. DUE TO, OR AS A COMPLICATION OF: **None**51. DUE TO, OR AS A COMPLICATION OF: **None**52. DUE TO, OR AS A COMPLICATION OF: **None**53. DUE TO, OR AS A COMPLICATION OF: **None**54. DUE TO, OR AS A COMPLICATION OF: **None**55. DUE TO, OR AS A COMPLICATION OF: **None**56. DUE TO, OR AS A COMPLICATION OF: **None**57. DUE TO, OR AS A COMPLICATION OF: **None**58. DUE TO, OR AS A COMPLICATION OF: **None**59. DUE TO, OR AS A COMPLICATION OF: **None**60. DUE TO, OR AS A COMPLICATION OF: **None**61. DUE TO, OR AS A COMPLICATION OF: **None**62. DUE TO, OR AS A COMPLICATION OF: **None**63. DUE TO, OR AS A COMPLICATION OF: **None**64. DUE TO, OR AS A COMPLICATION OF: **None**65. DUE TO, OR AS A COMPLICATION OF: **None**66. DUE TO, OR AS A COMPLICATION OF: **None**67. DUE TO, OR AS A COMPLICATION OF: **None**68. DUE TO, OR AS A COMPLICATION OF: **None**69. DUE TO, OR AS A COMPLICATION OF: **None**70. DUE TO, OR AS A COMPLICATION OF: **None**71. DUE TO, OR AS A COMPLICATION OF: **None**72. DUE TO, OR AS A COMPLICATION OF: **None**73. DUE TO, OR AS A COMPLICATION OF: **None**74. DUE TO, OR AS A COMPLICATION OF: **None**75. DUE TO, OR AS A COMPLICATION OF: **None**76. DUE TO, OR AS A COMPLICATION OF: **None**77. DUE TO, OR AS A COMPLICATION OF: **None**78. DUE TO, OR AS A COMPLICATION OF: **None**79. DUE TO, OR AS A COMPLICATION OF: **None**80. DUE TO, OR AS A COMPLICATION OF: **None**81. DUE TO, OR AS A COMPLICATION OF: **None**82. DUE TO, OR AS A COMPLICATION OF: **None**83. DUE TO, OR AS A COMPLICATION OF: **None**84. DUE TO, OR AS A COMPLICATION OF: **None**85. DUE TO, OR AS A COMPLICATION OF: **None**86. DUE TO, OR AS A COMPLICATION OF: **None**87. DUE TO, OR AS A COMPLICATION OF: **None**88. DUE TO, OR AS A COMPLICATION OF: **None**89. DUE TO, OR AS A COMPLICATION OF: **None**90. DUE TO, OR AS A COMPLICATION OF: **None**91. DUE TO, OR AS A COMPLICATION OF: **None**92. DUE TO, OR AS A COMPLICATION OF: **None**93. DUE TO, OR AS A COMPLICATION OF: **None**94. DUE TO, OR AS A COMPLICATION OF: **None**95. DUE TO, OR AS A COMPLICATION OF: **None**96. DUE TO, OR AS A COMPLICATION OF: **None**97. DUE TO, OR AS A COMPLICATION OF: **None**98. DUE TO, OR AS A COMPLICATION OF: **None**99. DUE TO, OR AS A COMPLICATION OF: **None**100. DUE TO, OR AS A COMPLICATION OF: **None**

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DATE ISSUED: **APR 22 1997**

[Signature]
MARSHALL RIVERS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of **Amerititle** the **2nd** day
of **June**, A.D., 19 **97** at **3:48** o'clock **P.** M., and duly recorded in Vol. **N97**
of **Deeds** on Page **16843**

FEE \$10.00

Return: **Lorraine Phair**
4417 Meadows
KFO 97603

By **Bernetha G. Leitch, County Clerk**
[Signature]