40472 K-50160 Vol M97 Page 20808

Local No. E87-675

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 87-023856

DECEASED

DECEASED—NAME (First, Middle, Last): 1. Erwin O. Morris
SEX: 2. male
DATE OF DEATH: 3. July 13, 1987
RACE: 4. white
AGE—Last Birthday (Yrs): 5a. 77
UNDER 1 YEAR (Mos., Days): 5b.
UNDER 1 DAY (Hours, Min.): 5c.
DATE OF BIRTH: 6. Aug 26, 1909
COUNTY OF DEATH: 7a. Elkhart
CITY, TOWN OR LOCATION OF DEATH: 7b. Elkhart
HOSPITAL OR OTHER INSTITUTION: 7c. Elkhart General Hospital
IF HOSP. OR INST.: 7d. Emer. Rm.
STATE OF BIRTH: 8. Ohio
CITIZEN OF WHAT COUNTRY: 9. USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: 10. Married
SURVIVING SPOUSE: 11. Ivadell L. Geiser
WAS DECEDENT EVER IN U.S. ARMED FORCES?: 12. No
SOCIAL SECURITY NUMBER: 13. 717-01-4998-A
USUAL OCCUPATION: 14a. type setter
KIND OF BUSINESS OR INDUSTRY: 14b. printing
RESIDENCE—STATE: 15a. Texas
COUNTY: 15b. Val Verde
CITY, TOWN OR LOCATION: 15c. Del Rio
STREET AND NUMBER: 15d. HCR 3, Box 40
IS RESIDENCE ON A FARM?: 15e. YES ☐ NO ☒
INSIDE CITY LIMITS: 15f. no
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: 15g. YES ☐ NO ☒

PARENTS

FATHER—NAME: 16. Thomas J. Morris
MOTHER—MAIDEN NAME: 17. Nettie M. Franklin
INFORMANT—NAME: 18a. Ivadell L. Morris
RELATIONSHIP: wife
MAILING ADDRESS: 18b. P. O. Box 2010 Sparks NV 89432

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER: 19a. cremation
CEMETERY OR CREMATORY—FUNERAL HOME: 19b. Riverview Crematory
LOCATION: 19c. South Bend, Indiana
DATE: 20a. July 16, 1987
FUNERAL HOME—NAME AND ADDRESS: 20b. Walley-Mills-Zimmerman 700 Jackson Elkhart IN 46516

CERTIFIER

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

DATE SIGNED: 21b. July 14, 1987
HOUR OF DEATH: 21c. 9:56 PM
21a. Signature: Carl W. Yoder, Coroner
PRONOUNCED DEAD (Mo., Day, Yr.): 21d. On July 13, 1987
PRONOUNCED DEAD (Hour): 21e. At 11:15 PM
NAME AND ADDRESS OF CERTIFIER: 21f. Carl W. Yoder, P.O. Box 341, Nappanee, Indiana 46550
HEALTH OFFICER—SIGNATURE: 22a. Stanley Rady MD
DATE RECEIVED BY LOCAL HEALTH OFFICER: 22b. July 16, 1987

CAUSE

23. IMMEDIATE CAUSE
PART I (a) Cardio-Pulmonary Arrest — Interval between onset and death: Ukn.
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS:
AUTOPSY: 24.
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.: 25a. Natural
DATE OF INJURY: 25b. —
HOUR OF INJURY: 25c. —
DESCRIBE HOW INJURY OCCURRED: 25d. —
INJURY AT WORK: 25e. —
PLACE OF INJURY: 25f. —
LOCATION: 25g. —

'97 Jul 3 AM 11 25

SBH-06-004 REV. 10/77 State Form 10110

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

JUN 27 1997

STATE REGISTRAR

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.

SEAL OF THE STATE OF INDIANA 1816

CERTIFICATE
State Form 26217 (R/2-92)

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 3rd day of July A.D., 19 97 at 11:25 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 20808.

Bernetha G. Letsch, County Clerk

By Kathleen Ross

FEE $10.00