

40472

K-501604

Vol 1997

Page 20808

Local No. E87-675

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State

No. 87-023856

TYPE
ON FRONT
OR
PERMANENT
FILE
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
INDICATED ITEMS

PARENTS

DISPOSITION

CERTIFIER

COMPLICATE
IN BOX
WHICH
SHOULD
BE FILED
TO
MAINTAIN
CAUSE
STATING
THE
UNDERLYING
CAUSE LAST

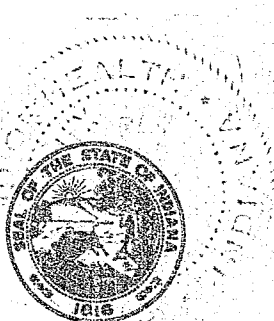
CAUSE

'97 Jul 3 All 125

DECEASED—NAME 1 Erwin O. Morris		SEX 2 male		DATE OF BIRTH 3 July 13, 1987	
RACE 4 white		AGE—Last birthday 5a 77		DATE OF DEATH 6 Aug 26, 1909	
CITY, TOWN OR LOCATION OF DEATH 7a Elkhart		HOSPITAL OR OTHER INSTITUTION 7b Elkhart General Hospital		IF HOSP OR INST. (Indicate DCA or Emer. Rm. (Indicate if party)) 7c Emer. Rm.	
STATE OF BIRTH or that of U.S. (Indicate if foreign) 8 Ohio		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Indicate) 10 Married	
SOCIAL SECURITY NUMBER 11 717-01-4998-A		USUAL OCCUPATION (Indicate kind of work done during week of reporting date, or last date of report) 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 (Indicate if YES or NO) 15f NO	
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES ☐ NO ☒					
FATHER—NAME 17a Thomas J. Morris		MOTHER—NAME 17b Nettie M. Franklin			
INFORMANT—NAME 18a Ivadell L. Morris wife		RELATIONSHIP 18b wife		MAILING ADDRESS 18c P. O. Box 2010 Sparks NV 89432	
DISPOSITION 19a cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b Riverview Crematory		LOCATION 19c South Bend, Indiana	
DATE 20a July 16, 1987		FURNAL HOME—NAME AND ADDRESS 20b Walley-Mills-Zimmerman 700 Jackson Elkhart IN 46516			
DATE SIGNED (Indicate day, mo., yr.) 21a July 14, 1987		HOUR OF DEATH 21b 9:56 PM			
PRONOUNCED DEAD (Indicate day, mo., yr.) 21c on July 13, 1987		PRONOUNCED DEAD (Indicate day, mo., yr.) 21d AT 11:15 PM			
22 Signature of Certifier Carl W. Yoder, P.O. Box 341, Nappanee, Indiana 46550					
HEALTH OFFICER—SIGNATURE 23a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 23b July 16, 1987			
24 PART I (Indicate only one cause per line for (a) and (b)) (a) Cardio-Pulmonary Arrest (b) Ukn.					
25 PART II (Indicate only one cause per line for (a) and (b)) (a) Natural (b) [Blank]					
ACC. INJURY, NOISE, UNDET. OR POISONING (Indicate if any) 25a Natural		DATE OF INJURY (Indicate day, mo., yr.) 25b [Blank]		HOUR OF INJURY 25c [Blank]	
PLACE OF INJURY (Indicate home, farm, street, public place, etc.) 25d [Blank]		LOCATION 25e [Blank]		STREET OR R.F.D. NO. 25f [Blank]	
CITY OR TOWN 25g [Blank]		STATE 25h [Blank]		25i [Blank]	

254-06-004 REV. 10-77

State Form 10110

CERTIFICATE
State Form 26217 (R/2-92)THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH

27 1987

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

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

FEE \$10.00

By Bernetha G. Letsch, County Clerk