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CERTIFICATE OF DEATH

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
PTC # 1920474PO

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

A0826
ID TAG NO.
46
Local File Number

86-000370
State File Number

CERTIFICATE OF DEATH

1. DECEASED — NAME: ELVA ILENE KENYON
2. DATE OF DEATH (month, day, year): May 8, 1986
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Female
5a. AGE — Last Birthday (years): 70
5b. Under 1 year: mos. days
5c. Under 1 day: hours min
6. DATE OF BIRTH (month, day, year): November 29, 1915
7a. CITY, TOWN OR LOCATION OF DEATH: Gold Beach
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street or location): 22899 Surfside Drive
7c. IF HOSPITAL OR INST. indicate DOA, OP, Emer. Rm., Inpatient (specify)
7d. COUNTY OF DEATH: Curry
8. STATE OF BIRTH (If not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (If married, widowed, or divorced): David D.
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 544-72-9249
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor
15. KIND OF BUSINESS OR INDUSTRY: State of Oregon
16. RESIDENCE — STATE: Oregon
17. COUNTY: Curry
18. CITY, TOWN OR LOCATION: Gold Beach
19. STREET AND NUMBER OR R.F.D.: 22899 Surfside Drive
20. ZIP: 97444
21. Inside City (specify yes or no): No
22. FATHER — NAME (first, middle, last): Rollo E. Graves
23. MOTHER (Maiden name): Cora E. Graves Taylor
24. INFORMANT — NAME and relationship to deceased: David D. Kenyon, Husband
25. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
26. CEMETERY OR CREMATORY — NAME: Litty Funeral Directors
27. LOCATION (city or town, state): Brookings, Oregon
28. FUNERAL SERVICE LICENSEE (person acting as such): Maurice Litty
29. NAME AND ADDRESS OF FACILITY: Litty Funeral Directors, Box 1100, Brookings, OR.
30. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated.
31a. (Signature) ▶ Lawrence Witt M.D.
31b. DATE SIGNED (Mo., Day, Year): 9 MAY 86
31c. HOUR OF DEATH: 3:18 P.M.
31d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Lawrence Witt M.D. 585-5th Street, Brookings, OR. ZIP: 97415
31e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Michael O'Neil M.D. 272 Medical Road, Roseburg, OR. 97470
32a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 14, 1986
32b. REGISTRAR (Signature) ▶ Diane Moore
32c. RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev.

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED MAY 19 1991

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 11th day of June A.D., 19 98 at 11:24 o'clock A M., and duly recorded in Vol. M98, of Deeds on Page 19894.

Bernetha G. Letsch, County Clerk

By Darlene Mullendore

FEE $10.00