

**OREGON HEALTH DIVISION**  
**OREGON VITAL STATISTICS FOR HEALTH RESOURCES**  
**HEALTH DIVISION**  
**CENTER FOR HEALTH STATISTICS**  
**CERTIFICATE OF DEATH**

1. DECEASED'S NAME <b>Marion</b>		2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>May 17, 1998</b>	
4. SOCIAL SECURITY NUMBER <b>0-40-8315</b>		5. AGE-Last Birthday (Years) <b>79</b>		6. BIRTH PLACE (City and State or Foreign) <b>Vernonia, Oregon</b>	
7. DATE OF BIRTH (Month, Day, Year) <b>October 26, 1918</b>		8. PLACE OF DEATH (Specify only one) <b>Klamath Falls</b>			
9. FACILITY NAME (If not institution, give street and number) <b>3600 Summers Lane #48</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		11. COUNTY OF DEATH <b>Klamath</b>	
12. DECEASED'S USUAL OCCUPATION (Name and of work done during most of working life. Do not use abbrev.) <b>Cook</b>		13. COUNTY <b>Klamath</b>		14. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
15. RESIDENCE-STATE <b>Oregon</b>		16. COUNTY <b>Klamath</b>		17. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
18. ZIP CODE <b>97603</b>		19. MARITAL STATUS - Married, Widowed, Divorced, Single <b>Married</b>		20. SPOUSE (If Married, Widowed) <b>Raymond Bentley</b>	
21. STREET AND NUMBER <b>3600 Summers Lane #48</b>		22. DECEASED'S EDUCATION (Specify only highest grade completed) <b>Elementary/secondary (9-11) College (1-4 or 5)</b>			
23. FATHER'S NAME <b>Edgar</b>		24. MOTHER'S NAME <b>Raymond Bentley</b>		25. INFORMANT - Name and relationship to deceased <b>Raymond Bentley - Spouse</b>	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		27. PLACE OF DISPOSITION (Name of cemetery, crematorium, etc.) <b>Klamath Falls, Oregon</b>		28. LOCATION - City or Town, State <b>Klamath Falls, OR 97603</b>	
29. SIGNATURE OF OREGON FUNERAL HOME'S LICENSED PERSON (Name and address) <b>Thomas J. Etges, M.D., 1605 Main Street, Klamath Falls, Oregon 97601</b>		30. DATE SIGNED (Month, Day, Year) <b>5-17-98</b>			
31. DATE FILED (Month, Day, Year) <b>MAY 19 1998</b>		32. COUNTY <b>Klamath</b>			
33. TO BE COMPLETED BY OREGON HEALTH DIVISION					
34. TIME OF DEATH <b>1830</b>		35. WAS MEDICAL EXAMINED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		36. TIME OF DEATH <b>1830</b>	
37. DATE OF DEATH <b>5-17-98</b>		38. DATE PRONOUNCED DEAD (Month, Day, Year) <b>5-17-98</b>		39. DATE SIGNED (Month, Day, Year) <b>5-17-98</b>	
40. NAME, TITLE, ADDRESS AND ZIP OF OREGON MEDICAL EXAMINER <b>Thomas J. Etges, M.D., 1605 Main Street, Klamath Falls, Oregon 97601</b>		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN OREGON MEDICAL EXAMINER <b>Thomas J. Etges, M.D., 1605 Main Street, Klamath Falls, Oregon 97601</b>			
42. NAME OF DECEASED'S ENTRY IN VITAL RECORDS <b>UNDETERMINED</b>		43. DUE TO, OR AS A CONSEQUENCE OF <b>UNDETERMINED</b>		44. INTERVAL BETWEEN DEATH AND DEATH <b>UNDETERMINED</b>	
45. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I		46. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Did alcohol use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
48. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		49. DATE OF INJURY (Month, Day, Year) <b>5-17-98</b>		50. TIME OF INJURY <b>1830</b>	
51. PLACE OF INJURY (At home, farm, shop, factory, office, etc.) <b>At home</b>		52. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>3600 Summers Lane #48, Klamath Falls, OR 97603</b>		53. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>3600 Summers Lane #48, Klamath Falls, OR 97603</b>	

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.

ORIGINAL VITAL STATISTICS COPY

**MAY 26 1998**

DATE ISSUED

EDWARD J. JOHNSON II  
STATE REGISTRAR

RETURN TO: RAYMOND BENTLEY, 20580 NW QUAIL HOLLOW DR., PORTLAND, OR 97229

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of AMERITITLE the 25th day of June A.D., 19 98 at 3:38 o'clock P M., and duly recorded in Vol. M98 of Deeds on Page 22285.

FEE \$10.00

By Bernetha G. Letsch, County Clerk  
Kristen Ross