

63870

MEDICAL EXAMINER Vol. M98 Page 28466
CERTIFICATE OF DEATH
 STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

'98 AUG -4 A9:18

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.

DO NOT WRITE BELOW

CODES

Race

Age

Place

Hospital

Oklahoma

Residence

Out-of-state

Residence

Cause of

Death

Autopsy

Attendant

Infant

Occupation

Spec. Sym.

MEDICAL CERTIFICATION FOR MEDICAL EXAMINER USE ONLY.

Place

Month

Hour

Nat. Inj.

NSC Code

VS 154A (8-75)

LOCAL REGISTRAR'S FILE NO.

STATE FILE NO.

DECEASED - NAME 1. <u>Cecil Ray Brown</u>		DATE OF DEATH (Month, Day, Year) 2. <u>5-13-95</u>		SEX 3. <u>Male</u>
RACE - White, Negro, American Indian, Etc. (Specify) 4. <u>Caucasian</u>	AGE - Last Birthday (Month, Day, Year) 5a. <u>39</u>	UNDER 1 YEAR 5b. <u>39</u> Months	UNDER 1 DAY 5c. <u>39</u> Hours	DATE OF BIRTH (Month, Day, Year) 6. <u>10-27-55</u>
CITY, TOWN, OR LOCATION OF DEATH 7a. <u>Kansas, OK</u>	INSIDE CITY LIMITS 7b. <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. <u>RURAL AREA 2 1/2 MI. NO. OF KANSAS, OK.</u>		
STATE OF BIRTH (If not in U.S.A., Name Country) 8. <u>Arkansas</u>	CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>	SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. <u>KATHLENE BURGESS</u>		
SOCIAL SECURITY NUMBER 12. <u>444-48-6496</u>	USUAL OCCUPATION (Give kind of work done during most of working life) 13a. <u>Farmer</u>	KIND OF BUSINESS OR INDUSTRY 13b. <u>Agriculture</u>		
RESIDENCE - STATE 14a. <u>Oregon</u>	COUNTY 14b. <u></u>	CITY, TOWN, OR LOCATION 14c. <u>Klamath Falls</u>	INSIDE CITY LIMITS 14d. <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	STREET AND NUMBER 14e. <u>2575 Cross Road</u>
FATHER - NAME 15. <u>Kyle Floyd Brown</u>		MOTHER - MAIDEN NAME 16. <u>Evelyn Ruth Robertson</u>		
INFORMANT - NAME OR SOURCE OF INFORMATION 17a. <u>KATHY BROWN</u>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 17b. <u>2527 CROSS ROAD, KLAMATH FALLS, OR. 97603</u>		
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))				
18. CAUSE OF DEATH IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> DUE TO OR AS A CONSEQUENCE OF: (b) <u>Lightening Strike</u> DUE TO OR AS A CONSEQUENCE OF: (c) <u></u>				Approximate Interval Between Onset and Death <u>Instant</u> <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))				
Manner: Natural <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/>	DATE OF INJURY (Month, Day, Year) 20a. <u>5-13-95</u>	HOUR OF INJURY 20b. <u>5:13</u>	HOW INJURY OCCURRED (Extent and nature of injury in Part I or Part II, Item 18) 20c. <u>2 mi. N. of KANSAS, OKLA</u>	
20d. INJURY AT WORK <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	20f. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify) <u>FARM</u>	20g. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) <u>2 mi. N. of KANSAS, OKLA</u>		
CERTIFICATION - MEDICAL EXAMINER: On the basis of the examination of the body and/or the accompanying, death occurred on the date and due to the cause(s) stated as certified by my signature in Item 22a.				21c. If did not view body after death 21b. of my knowledge, due to the cause(s) stated.
CERTIFIER - NAME (Type or Print) 22a. <u>F. Rollin Bland, M.D.</u>		SIGNATURE OF MEDICAL EXAMINER <u>F. Rollin Bland</u>		DATE SIGNED (Month, Day, Year) 22c. <u>5/15/95</u>
MAILING ADDRESS - CERTIFIER 22d. <u>P.O. Box 909</u>		City or Town <u>Grove</u> State <u>OK</u> Zip <u>74344</u>		
BURIAL, CREMATION, REMOVAL (Specify) 23a. <u>BURIAL</u>	DATE 23b. <u>MAY 19 1995</u>	CENETRY OR CREMATORY - NAME 23c. <u>MT. LAKE CEMETERY</u>		
LOCATION (Cemetery or Cemetery) 23d. <u>KLAMATH FALLS, OR.</u>	FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24a. <u>ETERNAL HILLS MEM. GARDENS, KLAMATH FALLS, OR.</u>			
LOCAL REGISTRAR SIGNATURE <u>[Signature]</u>	DATE RECD. BY LOCAL REG 25a. <u>5-24-95</u>	FUNERAL DIRECTOR 24b. <u>TIM LANCASTER</u>		
DATE RECEIVED BY STATE REGISTRAR 25b. <u></u>				

STATE OF OKLAHOMA)

DELAWARE COUNTY)

ss

I, JUDY E. LARMON, Court Clerk, within and for the State and County, afore-said, do hereby certify that the above and foregoing is a full, true and correct, and complete copy of a Certificate of Death received by me to be mailed to the State Department of Health, for permanent filing in Oklahoma City, Oklahoma. Witness my hand as Clerk and Official Seal this 24 day of May, 1995.

JUDY E. LARMON
Court Clerk

[Signature]
Deputy Court Clerk

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kathlene Brown the 4th day of August A.D., 19 98 at 9:18 o'clock A M., and duly recorded in Vol. M98 of Deeds on Page 28466.

Bernetha G. Letsch, County Clerk

FEE \$10.00 Return: Kathlene E. Brown
2575 Cross Road
Klamath Falls, OR 97603

By [Signature]