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PERMANENT
BLACK INK

H-09825
I.D. TAG NO.
590
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEASED'S NAME First: Harold Middle: Samuel Last: BAKER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 18, 1997
4. SOCIAL SECURITY NUMBER 541-12-5946		5. AGE (List Birthdate) 79	6. DATE OF BIRTH (Month, Day, Year) November 11, 1918
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Specify only one) Klamath Falls, Iowa	
9. FACILITY NAME (if not institution, give street and number) Marle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEASED'S USUAL OCCUPATION Supervisor/Operator		12. SPOUSE (If married, widowed, divorced, separated) Evelyn Baker	
13. RESIDENCE - STATE Oregon		14. STREET AND NUMBER 523 N. Clay Street	
15. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		16. DECEASED'S EDUCATION 12	
17. FATHER - NAME First Middle Last Joseph Thomas Baker		18. MOTHER - NAME First Middle Maiden Alice Florence Livingston	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</i>		22. NAME, ADDRESS AND ZIP OF FACILITY O'Brien's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) NOV 19 1997		24. DECEASED'S SIGNATURE <i>Harold Samuel Baker</i>	
25. DECEASED'S REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT LIVES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WED GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

27. TIME OF DEATH 8:05 AM		28. TIME OF DEATH N	
29. DATE SIGNED (Month, Day, Year) 11-18-97		30. DATE SIGNED (Month, Day, Year) N	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Sean B. Dow, M.D., 1300 Main Street, Klamath Falls, Oregon 97601		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN	
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL PL AND (d) do not enter mode of death, e.g., Cardiac or Respiratory Arrest) Usual interstitial pneumonia		34. INTERVAL BETWEEN ONSET AND DEATH Years	
35. OTHER SIGNIFICANT CONDITIONS COPD		36. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		38. DATE OF INJURY (Month, Day, Year)	
39. PLACE OF INJURY - At home, farm, school, factory, office, building, etc. (Specify)		40. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: NOV 19 1997

MAURICE ELEVING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON - COUNTY OF KLAMATH

Filed for record at request of Aspen Title the 22nd day of April A.D., 1999 at 3:46 o'clock P.M., and duly recorded in Vol. M99 of Deeds on Page 14947

FEE \$10.00

by Linda Smith, County Clerk
Linda Smith