CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

1999 JUL -2 PM 3:29

Vol M99 Page 26668

K-53883

A 8016 ID TAG NO

126 Local File Number

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

86-006245 State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK. 01

DECEDENT

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

1. DECEASED — NAME: First CHARLES; Middle FRED; Last CLIFF
2. DATE OF DEATH (month, day, year): April 6, 1986
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE — Last Birthday (years): 65
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): January 17, 1921
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center
7c. IF HOSP OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Ohio
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Ruth
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13. SOCIAL SECURITY NUMBER: 400 - 22 - 5279
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver - Retired 804 478
14b. KIND OF BUSINESS OR INDUSTRY: Trucking
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 6712 Airway Dr. ZIP 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: Samuel Cliff
17. MOTHER — first middle last (Maiden Name): Alice Watkins
18. INFORMANT — NAME and relationship to deceased: Ruth Cliff / Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory
19c. LOCATION city or town, state: Klamath Falls, Ore.
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster
20b. NAME AND ADDRESS OF FACILITY: WARD'S Funeral Home / 1945 Main St./ Klamath Falls, Ore.

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): R. Rand Hale, MD
21b. DATE SIGNED (Mo., Day, Year): April 7, 1986
21c. HOUR OF DEATH: 12:50 P.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): R. Rand Hale, MD - 258A Campus Dr. - Klamath Falls, Oregon ZIP 97601
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 7, 1986
22b. REGISTRAR (Signature): Lawrence E. Cranick

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.

DATE ISSUED JUN 25 1999

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

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

26669

AFTER RECORDING RETURN TO: RUTH WERY
10948 E 4TH WAY
AURORA, CO 80010

State of Oregon, County of Klamath
Recorded 7/02/99, at 3:29 p. m.
In Vol. M99 Page 26668
Linda Smith,
County Clerk Fee$ 15.00

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