

mtc 91911
AFTER RECORDING RETURN TO:
OREGON DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY SECTION
4040 FAIRVIEW INDUSTRIAL DRIVE SE, MS#2
SALEM OR 97302-1142

2012-014094
Klamath County, Oregon
12/18/2012 03:40:14 PM
Fee: \$37.00

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

H93437
I.D. TAG NO

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2012-013430
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Arlen	Middle Linn	Last Howland	Suffix	Death Date May 30, 2012
Sex Male	Age 61 years	Social Security Number 544-58-7157	County of Death Klamath		
Birthdate June 29, 1950	Birthplace Eugene, Oregon	Was Decedent Ever in U.S. Armed Forces? No			
Residence: 3837 Bartlett Avenue	City/Town Klamath Falls				
Residence County Klamath	State or Foreign Country Oregon	Zip Code + 4 97603	Inside City Limits? No		
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Rheuanell Cindy Ruiz				
Father's Name John Howland	Mother's Name Prior to First Marriage Esther M. Beat				
Informant's Name Rheuanell C. Howland	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address PO Box 283, Bonanza, OR 97623		
Place of Death Licensed Adult Foster Home	Facility Name Comfort Zone Care Home				
Location of Death 3837 Bartlett Avenue	City/Town or Location of Death Klamath Falls	State Oregon	Zip Code + 4 97603		
Method of Disposition Donation and cremation	Place of Disposition Portland Cremation Center	Location (City/Town and State) Portland, Oregon			
Name and Complete Address of Funeral Facility Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601					
Date of Disposition TBD	Funeral Director's Signature Greg A Heckman	Electronically Signed	OR License Number CO-3653		
Registrar's Signature /s/ Marilynn Sutherland	Date Received June 01, 2012	Local File Number 603			
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 1930
CAUSE OF DEATH IMMEDIATE CAUSE a. Malignant Melanoma				Approximate Interval Onset to Death 2 years
b. Due to (or as a consequence of) ↓				
c. Due to (or as a consequence of) ↓				
d. Due to (or as a consequence of) ↓				
Other significant conditions contributing to death				
Manner of Death Natural	If Female	Did tobacco use contribute to death? No		
Date of Injury	Time of Injury	Place of Injury	Injury at Work?	
Location of Injury				
Describe how injury occurred:			If transportation injury, specify.	
Name and Address of Certifier Jon Gregory McKellar 2300 Clairmont Dr, Klamath Falls, Oregon 97601-1109				
Name and Title of Attending Physician If Other than Certifier			Date Signed May 31, 2012	
Medical Certifier /s/ Jon Gregory McKellar	Title of Certifier M.D.	License Number MD11585		
Amendment				

45-2CC (01/06)
20120605861

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

June 26, 2012

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

37 AMT