STATE FILE NUMBER 9448

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7-1-1966 Page 9562 3801 6495

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST
John	Abrahams	Blevins

2a. DATE OF DEATH—MONTH. DAY. YEAR: August 24, 1966 — 2b. HOUR: 2:40 PM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)
Male	Cauc.	Illinois	Jan. 3, 1902	64 YEARS

IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HOURS: HOURS / MINUTES

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
William - Missouri	Maggie Griesmer-Illinois	U.S.A.	542-01-9542

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (GIVE CITY AND STATE)	15. KIND OF INDUSTRY OR BUSINESS
Truck Driver	23 yrs	Southern Pacific Co.	Railroad

16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
Army 1920-22	Married	Edna	Homemaker

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS)	
Southern Pacific Mem'l Hospital	1400 Fell Street	☐ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS

19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
San Francisco	San Francisco	16 days YEARS	16 days YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)	20b. IF INSIDE CITY CORPORATE LIMITS ☐ CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE: ☐ ON A FARM ☑ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
Route 3 - Box 1053			

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)
Klamath Falls	Klamath	Oregon	

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 8/8/66 TO 8/24/66 AND THAT I LAST SAW THE DECEASED ALIVE ON 8/24/66

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ____ (INVESTIGATION / AUTOPSY / INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22c. PHYSICIAN OR CORONER—SIGNATURE: [signature] DEGREE OR TITLE: MD

22d. ADDRESS: 1400 Fell Street

22e. DATE SIGNED: 8-24-66

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Shipment	8/25/1966	O'Hares Chapel, Klamath Falls Oregon	[signature]	4095

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): H.F.Suhr Co.,Inc.

28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: AUG 25 1966

29. LOCAL REGISTRAR—SIGNATURE: [signature] M.D.

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).

30. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Bronchopneumonia

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B): Carcinoma of right lung

DUE TO (C):

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Lymphosarcoma

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 163Y

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: ☐ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION:

33. AUTOPSY—CHECK ONE: ☐ NO AUTOPSY PERFORMED ☒ AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:

34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30):

35a. TIME OF INJURY: HOUR / MONTH / DAY / YEAR — M.

35b. CITY, TOWN, OR LOCATION — COUNTY — STATE

35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)

35d. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK

Rev. 1-1-58 Form VS-11

MEDICAL AND HEALTH DATA

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 30842

DATED: AUG. 31, 1966

SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.
DIRECTOR OF PUBLIC HEALTH AND
LOCAL REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record at request of: Ganong, Ganong & Gordon

on this 27 Sept A. D. 19 66

at 10:21 A. M. and duly recorded in Vol. M-66 of Deeds

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DOROTHY ROGERS, County Clerk

By Dorothy Rogers Deputy

Fee 1.50