

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION 9779

9942

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 287		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entire in black ink) IRVING		JAMES DIXON	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 55 years		D. STREET ADDRESS, RURAL ROUTE, ETC. 6235 Maryland	
D. NAME OF HOSPITAL (If not in hospital, give street address) INSTITUTION Presbyterian Intercommunity Hospital			
4. DATE OF DEATH Month September Day 30 Year 1966		5. SEX Male	
6. SOCIAL SECURITY NO. 542-40-8247		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) Rancher-retired		9. COLOR OR RACE White	
10. KIND OF BUSINESS OR INDUSTRY Self employed		11. NAME OF SPOUSE Alice Dixon	
12. DATE OF BIRTH Month August Day 1 Year 1890		13. AGE LAST BIRTHDAY 76	
14. BIRTHPLACE (State or Foreign Country) Okaihau, New Zealand		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. 1		17. NAME OF FATHER Thomas Dixon	
18. MAIDEN NAME OF MOTHER Annie Elizabeth Slater		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Alice Dixon - wife	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Perforation of acute duodenal ulcer		Interval Between Onset and Death (Years, days, hours, etc.) 12 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): DUE TO (C):			
PART II: Other Significant Conditions contributing to Death but not related to the (immediate) disease or condition given in Part I (a): Coronary sclerosis		21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour Month Day Year		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from or on Sept 30 66 to Sept 30 66 and that the death occurred at 2:10 p. m. from the causes and on the date stated above. Raymond Tice, M.D. (Signature) Klamath Falls, Oregon (Address) 10/1/66 (Date Signed)			
29. REGISTERED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 10/3/66	
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Memorial Gardens		30D. LOCATION (City or Town) State Klamath Falls, Ore	
31. DATE RECEIVED BY LOCAL REGISTRAR 10-3-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.  
Registrar Vital Statistics

By Marian Ackerman  
Deputy  
Date October 5, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at Klamath Falls, Oregon, this 11th day of October 1966, 2:15 o'clock PM., and duly recorded in Vol. M-66, Deeds, Page 9942.

\$1.50 pd.

By LORRAINE ROGERS, County Clerk  
By Dolores Lewis