

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION 9779

M-66 9942

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 287		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last IRVING JAMES DIXON		3. USUAL RESIDENCE of Institution, give residence before admission A. STATE Oregon B. COUNTY Klamath C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 6235 Maryland	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 55 years D. NAME OF HOSPITAL (If not in hospital, give street address) OR Presbyterian Intercommunity INSTITUTION Hospital		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married 11. NAME OF SPOUSE Alice Dixon	
4. DATE OF DEATH Month Day Year September 30 1966 5. SEX Male 6. COLOR OR RACE White		10. KIND OF BUSINESS OR INDUSTRY Self employed 12. DATE OF BIRTH Month Day Year August 1 1890 13. AGE LAST BIRTHDAY 76	
8. SOCIAL SECURITY NO. 542-40-8247 9. USUAL OCCUPATION (Kind of work done during most of life) Rancher-retired		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 Name of 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 1A, 1B, AND 1C) 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 terminal 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other 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 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 2:10p m. from the causes and on the date stated above. Raymond Tice, M.D. (Signature) Klamath Falls, Oregon 10/1/66 (Title) (Address) (Date Signed)			
29. RESERVED 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 10/2/66 30C. NAME OF CREMATORY OR CEMETERY Memorial Hills 30D. LOCATION (City or Town) State Klamath Falls, Ore	
31. DATE RECEIVED BY LOCAL REGISTRAR 10-3-66		32. REGISTRAR'S SIGNATURE 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
Filed for recording
this 11th day of October 1966 2:15 PM, and
duly recorded in Vol. M-66 Deeds
\$1.50 pd.
By [Signature]
County Clerk