OCT 13 10 12 AM 1970

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number 36 — Local File Number 5368

DECEASED

1. DECEASED—NAME: First Raymond; Middle —; Last Johnson
2. RACE (White, Negro, American Indian, etc.): White
3. SEX: Male
4. AGE (Last birthday years): 56
5. DATE OF BIRTH (Month, day, year): October 6, 1914
6. COUNTY OF DEATH: Klamath
7. CITY OR TOWN OF DEATH: Klamath Falls
8. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street address): 2255 Orchard Avenue
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify only one): Married
11. KIND OF WORK DONE DURING MOST OF WORKING LIFE: Locomotive Engineer
12. GENERAL OCCUPATION (Give kind of work done during most of working life): Locomotive Engineer
13. SOCIAL SECURITY NUMBER: 546-16-4049
14. RESIDENCE—STATE: Oregon
15. COUNTY: Klamath
16. CITY, TOWN, OR LOCATION: Klamath Falls
17. STREET ADDRESS (Street and number): 2255 Orchard
18. MAIDEN NAME OF WIFE: Leota Johnson
19. FATHER'S NAME: Merl Johnson
20. MOTHER'S MAIDEN NAME: Clave Dunn
21. INFORMANT (Name and relationship to deceased): Leota Johnson (Wife)
22. DATE OF BIRTH (Month, day, year): October 9, 1920
23. PLACE OF BURIAL, CREMATION, REMOVAL: Burial
24. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Park
25. FUNERAL DIRECTOR—NAME: Ward's Klamath Funeral Home
26. ADDRESS (Street or R.F.D. No., City or town, state): Box 217, Klamath Falls, Oregon 97601
27. DATE RECEIVED BY LOCAL REGISTRAR: OCT 6 1970
28. DATE RECEIVED BY STATE REGISTRAR: Oct. 9, 1970
29. RELEASED FOR REGISTRAR'S USE: Marion Lohrmann
30. VOID UNTIL 9 AM

MEDICAL INVESTIGATOR

31. DATE OF INJURY (Month, day, year): —
32. HOUR: —
33. A.M. or P.M.: —
34. INJURY AT WORK (Yes or No): —
35. PLACE OF INJURY (City or town, county, state): —
36. DATE OF DEATH (Month, day, year): October 6, 1970
37. HOUR: 3:15
38. A.M. or P.M.: P.M.
39. I CERTIFY THAT I SAW the person described above, alleged the fatality, made the autopsy, and to my opinion death resulted as stated above.
40. I CERTIFY THAT I SAW the person described above, viewed the fatality, and to my opinion death resulted as stated above.
41. DATE SIGNED (Month, day, year): October 6, 1970
42. HOUR: 3:15
43. A.M. or P.M.: P.M.
44. MEDICAL INVESTIGATOR—NAME (Type or print): Neil Black
45. Accident ☐ Suicide ☐ Homicide ☒ Undetermined ☐ Pending ☐
46. Degree or title: M.D.

CAUSE

1. IMMEDIATE CAUSE (Condition resulting in death): Coronary occlusion
2. DUE TO, OR AS A CONSEQUENCE OF: —
3. DUE TO, OR AS A CONSEQUENCE OF: —
4. PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part I (a)): —
5. WERE ANY OF THE CONDITIONS IN PART I CAUSED BY OR A CONSEQUENCE OF INJURY? (Yes or No): —
6. DATE OF INJURY (Month, day, year): —
7. PLACE OF INJURY (City or town, county, state): —
8. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18): —
9. AUTOPSY (Yes or No): NO
10. IF MALE, WAS CIRCUMCISION PERFORMED (Yes or No): —

CERTIFIER

47. CERTIFIER—NAME (Type or print): Neil Black
48. DATE SIGNED (Month, day, year): Oct 6 1970
49. Attending Physician ☐ Coroner ☒ Medical Examiner ☐
50. Degree or title: M.D.
51. LICENSE NUMBER: —
52. ADDRESS (Street or R.F.D. No., City or town, state): —

BURIAL

53. DATE RECEIVED BY REGISTRAR: OCT 6 1970
54. RELEASED FOR REGISTRAR'S USE: Marion Lohrmann
55. VOID UNTIL 9 AM

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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.

NEIL BLACK, M.D., Registrar Vital Statistics

(SEAL)

By Marion Lohrmann, Deputy Registrar
Date OCT 7 1970 19

VOID IF ALTERED

STATE OF OREGON,
County of Klamath } ss.

Filed for record at request of:
Leota Johnson
on this 13th day of October A. D., 19 70
at 10:12 o'clock A M. and duly
recorded in Vol. M70 of Deeds
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WM. D. MILNE, County Clerk
By Phyllis Gettings
Deputy.

Fee $1.50

OCT 13 10 12 AM 1970