70392

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. m 72 Page 13189

369 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

DECEASED—NAME (First / Middle / Last)	1. JOSEPH HERMAN ILLIAN
DATE OF DEATH (month, day, year)	2. October 21, 1972
RACE White, Negro, American Indian, etc. (specify)	3. White
SEX	4. Male
AGE—Last birthday (years)	5a. 72
Under 1 year: mos. / days	5b.
Under 1 day: hours / min.	5c.
DATE OF BIRTH (month, day, year)	6. January 26, 1900
COUNTY OF DEATH	7a. Klamath
CITY, TOWN, OR LOCATION OF DEATH	7b. Klamath Falls
Inside City Limits (specify yes or no)	7c. Yes
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	7d. Washburn Manor
STATE OF BIRTH (if not in U.S.A., name country)	8. Minnesota
CITIZEN OF WHAT COUNTRY	9. U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10. Married
NAME OF SPOUSE	11. Wanda Louisa Illian
SOCIAL SECURITY NUMBER	12. 540-36-3226
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	13a. Retired - Rancher
KIND OF BUSINESS OR INDUSTRY	13b. Own ranch
RESIDENCE—STATE	14a. Oregon
COUNTY	14b. Klamath
CITY, TOWN, OR LOCATION	14c. Malin
Inside City Limits (specify yes or no)	14d. No
STREET AND NUMBER OR R.F.D.	14e. No numbers - Box 207
FATHER—NAME (first / middle / last)	15. Richard H.T. Illian
MOTHER—Maiden Name (first / middle / last)	16. Ingeborg — Renning
INFORMANT—NAME and relationship to deceased	17. Wanda Louis Illian (Wife)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. immediate cause (a) Cardiac arrest — approximate interval between onset and death: minutes

due to, or as a consequence of: (b) General Debility — months

due to, or as a consequence of: (c) Carcinoma of Prostate c̄ widespread metastasis — 1 yr

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no) 19a. No

IF YES were findings considered in determining cause of death 19b.

1. 2. 3.

ACCIDENT (specify yes or no) 20a. | DATE OF INJURY (month, day, year) 20b. | HOUR 20c. M. | HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.

INJURY AT WORK (specify yes or no) 20e. | PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f. | LOCATION (street or R.F.D. No., city or town, county, state) 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: (month day year) April 11, 1972 to (month day year) 10-21-72 | And Last Saw Him/Her Alive on: (month day year) 10-1-72 | I Did/Did Not view the body after death (specify) | DEATH OCCURRED (hour) 10:10 p M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE 22a. Kenneth K. Magee M.D. | NAME (type or print) 22b. Kenneth K. Magee | degree or Title M.D. | DATE SIGNED (month, day, year) 22c. Oct.23,1972

MAILING ADDRESS—PHYSICIAN 23. 409 Medical-Dental Building (street) Klamath Falls, Oregon (city or town, state) 97601 (zip)

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial | CEMETERY OR CREMATORY—NAME 24b. Malin cemetery | LOCATION 24c. Malin, Oregon (city or town, state) | DATE (mo., day, year) 24d. Oct.25,1972

FUNERAL DIRECTOR—SIGNATURE 25a. W. W. Ward | FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

4. 5. 6.

REGISTRAR—SIGNATURE 26a. Marian Ichenman | DATE RECEIVED BY LOCAL REGISTRAR 26b. OCT 24 1972 | DATE RECEIVED BY STATE REGISTRAR 27.

RESERVED FOR REGISTRAR'S USE 28.

VS-2 R-69

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Ichenman, Deputy Registrar
Date OCT 25 1972 19

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of WILBUR BRICKNER ATTY
this 15th day of NOVEMBER A. D., 19 72 at 9:43 o'clock A.M., and duly recorded in
Vol. M 72, of DEEDS on Page 13189

WM. D. MILNE, County Clerk
By Hazel Drazil

FEE $ 2.00