70637

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. 72 Page 6067

168
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Waymen Middle: Lavern Last: Hanan	2. DATE OF DEATH (month, day, year): May 10, 1973
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male
5a. AGE—Last birthday (years): 55	5b. Under 1 year: mos. days; 5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): July 7, 1917	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon	9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Ruby E. Hanan
12. SOCIAL SECURITY NUMBER: 542-10-7364	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): forester
13b. KIND OF BUSINESS OR INDUSTRY: Timber	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin	14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 546	
15. FATHER—NAME first middle last: Waymen Laurence Hanan	16. MOTHER—Maiden Name first middle last: Dot E. Ward
17. INFORMANT—NAME and relationship to deceased: Ruby E. Hanan, Wife	

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

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause
(a) Hepatic Failure — 2 days
due to, or as a consequence of:
(b) Metastatic renal carcinoma — 6 months
due to, or as a consequence of:
(c)

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)

19a. AUTOPSY (yes or no): NO
19b. IF YES were findings considered in determining cause of death

1.
2.
3.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: April 12, 1973 (month day year) to May 10, 1973 (month day year) And Last Saw Him/Her Alive on: May 10, 1973 (month day year). I Did/Did Not view the body after death (specify): did. DEATH OCCURRED (hour): 7:30 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake Bervin
22b. NAME (type or print): Blake Bervin degree or Title: M.D.
22c. DATE SIGNED (month, day, year): May 11, 1973

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 207 Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematory
24c. LOCATION city or town state: Ashland, Oregon
24d. DATE (mo., day, year): 5-14-73

25a. FUNERAL DIRECTOR—SIGNATURE: Mike Blair #59
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

4.
5.
6.

26a. REGISTRAR—SIGNATURE: Marion Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: May 14, 1973
27. DATE RECEIVED BY STATE REGISTRAR

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.
(SEAL)
VELDON C. BOGE, M.D., Registrar Vital Statistics
By ..., Deputy Registrar
Date MAY 14 1973
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Ruby Hanan
this 18th day of May A. D., 19 73 at 2:53 o'clock P.M., and duly recorded in
Vol. M-73 of Deeds on Page 6067
WM. D. MILNE, County Clerk
By ...
Fee 2.00