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STATE OF OREGON–STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 177 — State File Number:

DECEASED

1. DECEASED–NAME: First Louis; Middle Ernest; Last SOKAN
2. DATE OF DEATH (month, day, year): May 30, 1973
3. RACE (White, Negro, American Indian, etc.–specify): White
4. SEX: Male
5. AGE–last birthday (years): 54 — Under 1 Year: 5b. mos. / days; Under 1 Day: 5c. hours / min.
6. DATE OF BIRTH (month, day, year): April 10, 1919
7a. COUNTY OF DEATH: Deschutes
7b. CITY, TOWN, OR LOCATION OF DEATH: Bend
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not, in either, give street and number): St. Charles Memorial Hospital
8. STATE OF BIRTH (if not in U.S.A. name of country): New Jersey
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Juanita M.
12. SOCIAL SECURITY NUMBER: 155 03 7751
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Electrician
13b. KIND OF BUSINESS OR INDUSTRY: Electrical Contracting
Usual residence where deceased lived. If death occurred in institution, give residence before admission.
14a. RESIDENCE–STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Crescent
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR RFD: ---
15. FATHER–NAME first middle last: Louis Sokan
16. MOTHER–Maiden Name first middle last: Esther Deak
17. INFORMANT–NAME and relationship to deceased: Juanita M. Sokan Widow

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
18. Immediate Cause (a): Occlusive Coronary Arteriosclerosis
due to, or as a consequence of: (b)
due to, or as a consequence of: (c)
Approximate interval between onset and death:
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): yes
19b. IF YES were findings considered in determining cause of death: yes

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. 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)

CERTIFIER

CERTIFICATION–MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:
DEATH OCCURRED (hour): 3:35 A. M.
THE DECEDENT WAS PRONOUNCED DEAD: month May day 30 year 1973 hour 3:35 A. M.
FROM: Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
21a. CERTIFIER–SIGNATURE: Edward S. Spence, MD
21b. Degree or Title
21c. NAME–(type or print): David S. Spence, M. D.
22a. MEDICAL INVESTIGATOR: FOR: Deschutes COUNTY
22b. DATE SIGNED (month, day, year): May 31, 1973

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Cremation
24b. CEMETERY OR CREMATORY–NAME: Pioneer Crematorium
24c. LOCATION city or town, state: Portland, Oregon
24d. DATE (month, day, year): June 2, 1973
25a. FUNERAL DIRECTOR–SIGNATURE: Paul Reynolds
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Niswonger-Reynolds, Inc. 105 Irving Ave. Bend, Oregon 97701
26a. REGISTRAR–SIGNATURE: Catherine Holmes, Deputy Registrar
26b. DATE RECEIVED BY LOCAL REGISTRAR: 6-1-73
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 R-70 ORIGINAL – VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF DESCHUTES

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

Ret: Niswonger + Reynolds Inc Bend Ore

By: Catherine Holmes
Catherine Holmes, Deputy Registrar
Vital Statistics
6 - 1 1973
Date

SEAL

VOID IF ALTERED

$2.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of NISWINGER & REYNOLDS
this 4th day of June A. D., 1973 at 11:25 o'clock A M., and duly recorded in
Vol. M 73, of DEEDS on Page 6761

FEE $ 2 00

WM. D. MILNE, County Clerk
By Margaret Draper