

A-23854

**STANDARD CERTIFICATE OF DEATH**

STATE OF OREGON  
BOARD OF HEALTH - PORTLAND  
FEDERAL SECURITY AGENCY - U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 140 64-3544 STATE FILE NO. 5252 DATE RECEIVED JUN 14 1954

1. NAME OF DECEASED (TYPE OR PRINT) Florence Birdie Dixon 2. USUAL RESIDENCE Klamath Falls

3. PLACE OF DEATH Klamath 4. STATE Oregon

5. CITY (If residence temporary home, write usual residence) Klamath Falls 6. LENGTH OF STAY 12 hrs

7. TOWN Klamath Falls 8. STREET (If rural, give location) 1800 Crescent St

9. FULL NAME OF HOSPITAL OR INSTITUTION Klamath Valley Hospital 10. MARRIED, NEVER MARRIED, OR DIVORCED MARRIED 11. NAME OF HUSBAND Samuel Dixon

12. DATE OF DEATH (Month, Day, Year) May 30, 1954 13. SEX Female 14. COLOR OR RACE White 15. BIRTHPLACE (State or foreign) Klamath Falls, Oregon 16. CITIZEN OF WHAT COUNTRY USA

17. DATE OF BIRTH (Month, Day, Year) March 16, 1876 18. AGE (in years, months, days) 78 19. MOTHER'S MAIDEN NAME NO RECORD

20. FATHER'S NAME Robert G. Galbreath 21. IF VETERAN, NAME WAR C. Dixon

22. USUAL OCCUPATION housewife 23. KIND OF BUSINESS OR INDUSTRY PRIVATE HOME 24. SOCIAL SECURITY NO. None

25. MEDICAL CERTIFICATION (ENTER ONLY ONE CAUSE PER SIDE FOR (A), (B), AND (C))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Accidental trauma by falling  
 II. ANTECEDENT CAUSES Myocardial infarction, Hypertension, Diabetes  
 III. OTHER SIGNIFICANT CONDITIONS None

26. CAUSE OF DEATH (This does not mean the mode of dying, such as heart failure, apoplexy, it means the abnormal injury, or condition which caused death.)  
 DUE TO (A) None  
 DUE TO (B) None  
 DUE TO (C) None

27. DATE OF OPERATION None 28. MAJOR FINDINGS OF OPERATION None 29. AUTOPSY? NO

30. ACCIDENT (Suicide, Homicide, or other) accidental 31. PLACE OF INJURY (In or out of home, street, farm, factory, school, other) Klamath Falls, Oregon

32. CITY, TOWN, OR TOWNSHIP (COUNTY) Klamath Falls, Oregon

33. TIME OF INJURY May 29, 1954 34. HOW INJURY OCCURRED fell from porch

35. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 29 TO May 30 1954 THAT I LAST SAW THE DECEASED ALIVE ON May 29 1954 AND THAT DEATH OCCURRED AT 1:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

36. REGISTRAR'S SIGNATURE James W. Allen and Cora 37. ADDRESS Klamath Falls, Ore 38. DATE SIGNED June 3, 1954

39. NAME OF CEMETERY OR BURIAL PLACE Klamath Memorial Park 40. LOCATION (City, town, or other) Klamath Falls, Oregon

41. DATE OF BURIAL 6/4/54 42. REGISTRAR'S SIGNATURE James W. Allen 43. ADDRESS Klamath Falls, Oregon

DATE ISSUED Oct 11 1973

STATE OF OREGON, COUNTY OF MULTNOMAH)SS  
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

R.T.  
Klamath County Title  
Br 151  
K.A.

STATE REGISTRAR  
Marion Math

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STATE OF OREGON, COUNTY OF KLAMATH; ss.  
Filed for record at request of Klamath County Title  
this 15th day of Oct. A. D., 1973 at 1:11 o'clock PM, and duly recorded in  
Vol. M73 of Deeds on Page 13860

Fee \$2.00

WM. D. MILNE, County Clerk  
By Abigail L. Milne deputy