STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

84340

233

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED

DECEASED—NAME: First JOSEPH | Middle ROBERT | Last THOMAS | DATE OF DEATH (month, day, year): June 21, 1973

1. RACE (White, Negro, American Indian, etc. (specify): White
2. SEX: Male
3. AGE—Last birthday (years): 46 | Under 1 year: mos. / days | Under 1 day: hours / min.
4. COUNTY OF DEATH: Klamath
5a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
5b. Inside City Limits (specify yes or no): Yes
5c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
6. DATE OF BIRTH (month, day, year): November 1, 1926
7a. CITIZEN OF WHAT COUNTRY: USA
7b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
7c. NAME OF SPOUSE: Janet Thomas
8. Usual residence where deceased lived. If death occurred in institution, give residence before admission.
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Letter Carrier
10. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Department
11. SOCIAL SECURITY NUMBER: 540-24-0924
12. RESIDENCE—STREET AND NUMBER: 5520 Villa Drive
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. Inside City Limits (specify yes or no): Yes
14. COUNTY: Klamath
14a. STATE: Oregon
14b. INFORMANT—NAME and relationship to deceased: Janet Thomas (Wife)
14c. FATHER—NAME first middle last: Dewitt — Thomas
14d. MOTHER—Maiden Name first middle last: Eunice — Hathis
15. I Did/Did Not view the body: Did
16. Date I Saw Him/Her Alive: 18 mo.
17. Date Pronounced Dead: June 21, 1973
18. IF DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: immediate cause: Cardiac Arrest (Coronary)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (a) due to, or as a consequence of: Acute Myocardial Infarction
(b) due to, or as a consequence of:
(c)
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Hypertension
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:
20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR:
20d. LOCATION (street or R.F.D. No., city or town, county, state):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. DEATH OCCURRED at the place, on the date, and hour stated, due to the cause(s) stated.
20h. And Last Saw Him/Her Alive on: month / day / year
20i. DATE SIGNED (month, day, year): 6-22-73

CERTIFIER

21. PHYSICIAN—SIGNATURE: [signature] M.D.
22a. MAILING ADDRESS—PHYSICIAN: Medical Dental Building, Klamath Falls, Oregon 97601
22b. NAME (type or print): Raymond Tice, M.D.
22c. DATE SIGNED (month, day, year): 6-22-73

BURIAL

23. BURIAL, CREMATION, REMOVAL, MARK (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION: Klamath Falls, Oregon
24c. FUNERAL HOME—NAME AND ADDRESS: Hardy's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
25a. REGISTRAR—SIGNATURE: [signature]
25b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 25 1973
26a. RESERVED FOR REGISTRAR'S USE:
26b. DATE RECEIVED BY STATE REGISTRAR (month, day, year): June 25, 1973
27. DATE (mo., day, year): 6-25-73
28. [signature]

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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.

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

By [signature], Deputy Registrar
Date JUN 25 1973 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong & Sisemore

this 26th day of Dec. A. D., 1973 at 9:54 o'clock A M., and duly recorded in Vol. M73, of Deeds on Page 16332

WM. D. MILNE, County Clerk

Fee $2.00 By [signature] Deputy