88649

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. 74 Page 5740

133
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

DECEASED—NAME (First, Middle, Last) 1. JOSEPH ROBERT THOMAS	DATE OF DEATH (month, day, year) 2. June 21, 1973
RACE (White, Negro, American Indian, etc. (specify)) 3. White; SEX 4. Male; AGE—Last birthday (years) 5a. 46; Under 1 year: mos. 5b. days 5c; Under 1 day: hours min.	DATE OF BIRTH (month, day, year) 6. November 1, 1926
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. Presbyterian Intercommunity
Usual residence where deceased lived. If death occurred in institution, give residence before admission.	
STATE OF BIRTH (If not in U.S.A., name country) 8. Oklahoma; CITIZEN OF WHAT COUNTRY 9. USA; MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Janet Thomas
SOCIAL SECURITY NUMBER 12. 544-24-0924; USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Letter Carrier	KIND OF BUSINESS OR INDUSTRY 13b. U.S. Postal Department
RESIDENCE—STATE 14a. Oregon; COUNTY 14b. Klamath; CITY, TOWN, OR LOCATION 14c. Klamath Falls; Inside City Limits (specify yes or no) 14d. No	STREET AND NUMBER OR R.F.D. 14e. 5520 Villa Drive
FATHER—NAME (first middle last) 15. Dewitt -- Thomas; MOTHER—Maiden Name (first middle last) 16. Eunice — Mathis	INFORMANT—NAME and relationship to deceased 17. Janet Thomas (Wife)

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)	Carcinomatosis (Colon)	18 Mo.
due to, or as a consequence of: (b)	Bowel Obstruction (Colon)	years
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) 19. | AUTOPSY (yes or no) 19a. NO | IF YES were findings considered in determining cause of death 19b.

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: 21. June 11 52 (month day year) to June 21 73 (month day year); And Last Saw Him/Her Alive on: June 20 '73 (month day year); I Did/Did Not view the body after death (specify); DEATH OCCURRED (hour) 10:05 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. Raymond Tice M.D.; NAME (type or print) 22b. Raymond Tice, M.D. degree or Title; DATE SIGNED (month, day, year) 22c. 6-22-73

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

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Eternal Hills	LOCATION (city or town, state) 24c. Klamath Falls, Oregon	DATE (mo., day, year) 24d. June 25, 1973
FUNERAL DIRECTOR—SIGNATURE 25a. [signature]	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Gardi's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601		
REGISTRAR—SIGNATURE 26a. Marian Scherman	DATE RECEIVED BY LOCAL REGISTRAR 26b. JUN 25 1973	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 [signature], Deputy Registrar
Date JUN 25 1973 19
VOID IF ALTERED

(SEAL)

Ret: Janet Thomas
5520 Villa Dr
K. F.

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Janet Thomas
this 8th day of May A. D., 19 74 at 2:34 o'clock P M., and duly recorded in
Vol. M74 of Deeds on Page 5740

WM. D. MILNE, County Clerk
By [signature] Deputy

Fee $2.00