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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

382
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First WAYNE Middle LAVERNE Last JONES
2. DATE OF DEATH (month, day, year): December 14, 1971
3. RACE (White, Negro, American Indian, etc. specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 53
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): February 23, 1918
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Iowa
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Jennie Jones
12. SOCIAL SECURITY NUMBER: 479-16-0887
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired - barber
13b. KIND OF BUSINESS OR INDUSTRY: Barber shops
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 4207 Shasta Way
15. FATHER—NAME first middle last: Thomas Vestor Jones
16. MOTHER—Maiden Name first middle last: Olive C. Witt
17. INFORMANT—NAME and relationship to deceased: Jennie Jones (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))

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

18. a. immediate cause: Cardiac failure (cor pulmonale) — approximate interval between onset and death: 1 yr
b. due to, or as a consequence of: Multiple Pulmonary cysts, Bronchitis, asthma — approximate interval between onset and death: longer. 10-15 yr
c. due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a): AUTOPSY (yes or no) 19a. No — IF YES were findings considered in determining cause of death 19b.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
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: month day year 6 3 to month day year 12-13-71 And Last Saw Him/Her Alive on: month day year 12-13-71 I Did/Did Not view the body after death (specify): not DEATH OCCURRED (hour) 1:35 a.m. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: M E Robinson M.D.
22b. NAME (type or print) degree or Title: M.E. Robinson M.D.
22c. DATE SIGNED (month, day, year): Dec. 14, 1971
23. MAILING ADDRESS—PHYSICIAN street city or town state zip: 425 Pine Street Klamath Falls Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Dec. 17, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: W. W. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Maureen Schuman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 14 1971
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS 2 R-69

Pet. Jennie Jones
4207 Shasta Way
K F

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.

NEIL BLACK, M.D., Registrar Vital Statistics
By Maureen Schuman, Deputy Registrar
Date OCT 14 1971, 19
(SEAL)
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 5th day of April, A.D., 1976 at 11:37 o'clock A.M., and duly recorded in Vol. M76 of Deeds on Page 4704.
WM. D. MILNE, County Clerk
By Evelyn Morgan, Deputy
FEE