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253
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Paul Middle: Creston Last: Hanna
2. DATE OF DEATH (month, day, year): July 19, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 65 5b. Under 1 year: mos. / days 5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): February 22, 1911
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Olive S. Hanna
12. SOCIAL SECURITY NUMBER: 541-16-1393
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Pipe Fitter
13b. KIND OF BUSINESS OR INDUSTRY: Plumbing

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: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 125 Pine St.
15. FATHER—NAME first middle last: - John Hanna
16. MOTHER—Maiden Name first middle last: - Eva Good
17. INFORMANT—NAME and relationship to deceased: Olive S. Hanna, Wife

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) immediate cause	Pneumonia	3 days
(b) due to, or as a consequence of:	Carcinoma left lung	months
(c) due to, or as a consequence of:		

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): 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 M.
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: July 14 76 to July 19, 1976. And Last Saw Him/Her Alive on: July 19 76. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour): 3:50 p.m. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Raymond Tice MD
22b. NAME (type or print): Raymond Tice degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 7-20-76
23. MAILING ADDRESS—PHYSICIAN: Medical Dentl. Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum
24b. CEMETERY OR CREMATORY—NAME: Haven of Rest Maus.
24c. LOCATION city or town / state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 7-23-76
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
25c. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 2 1 1976
27. DATE RECEIVED BY STATE REGISTRAR: to Olive S. Hanna 125 Pine K.F.
29. RESERVED FOR REGISTRAR'S USE

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.

(SEAL)

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

By Marian Ackerman Deputy Registrar
Date JUL 2 1 1976 19

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 23rd day of JULY A.D., 19 76 at 4;01 o'clock P M., and duly recorded in Vol M 76 of DEEDS on Page 11257.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00