18690

271
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

# CERTIFICATE OF DEATH

14026
State File Number

Vol M76 Page

**DECEASED**

1. DECEASED—NAME (First, Middle, Last): John E. Oldham
2. DATE OF DEATH (month, day, year): Aug. 2, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 75
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): Aug. 14, 1900
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): Presbyter. Intercom. Hosp.
8. STATE OF BIRTH (If not in U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Irene Oldham
12. SOCIAL SECURITY NUMBER: 534-16-7484
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Bookeeper
13b. KIND OF BUSINESS OR INDUSTRY: Const. Co.
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.: 2407 Radcliffe

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

15. FATHER—NAME (first middle last): John T. Oldham
16. MOTHER—Maiden Name (first middle last): Etta M. Farrington
17. INFORMANT—NAME and relationship to deceased: Irene Oldham--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) Ruptured Abdominal Aortic Aneurysm — Hours
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(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): Aortic Stenosis
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: month day year — to — month day year: 8-2-76 to 8-2-76
And Last Saw Him/Her Alive on: month day year: 8-2-76
I Did/Did Not View the body after death (specify): Did
DEATH OCCURRED (hour): 8:00 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE (degree or Title): David Reeder MD
22b. NAME (type or print): David D. Reeder M.D.
22c. DATE SIGNED (month, day, year): Aug. 4, 1976
MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1900 Main Klamath Falls, Oregon 97601

**BURIAL**

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION (city or town, state): Klamath Falls, Ore
24c. DATE (mo., day, year): Aug. 5, 1976
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd C. Lancaster
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Deborah Chavez
26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-4-76
27. DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-67

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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 Deborah Chavez Deputy Registrar
Date 8-4 19 76
VOID IF ALTERED
(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 8th day of September A.D., 19 76 at 1:29 o'clock P M., and duly recorded in Vol. M76 of Deeds on Page 14026.
WM. D. MILNE, County Clerk
By Margaret Allen Deputy
FEE $300