STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

1976

317

CERTIFICATE OF DEATH

Vol. M76 Page 14865

State File Number

Local File Number

DECEASED

DECEASED–NAME: First: Judith; Middle: Balch; Last: Johnson

DATE OF DEATH (month, day, year): 2. September 14, 1976

1. RACE (White, Negro, American Indian, etc. (specify): White

3. SEX: Female

4. AGE–last birthday (years): 40

5a. Under 1 year: mos. 5b. days 5c. hours 5d. min.

6. DATE OF BIRTH (month, day, year): May 26, 1936

7a. COUNTY OF DEATH: Klamath

7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

7c. Inside City Limits (specify yes or no): No

7d. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Modoc Point R.R. Crossing

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

8. STATE OF BIRTH (If not in U.S.A., name of country): Washington

9. CITIZEN OF WHAT COUNTRY: U.S.A.

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Nunnally J. Johnson

12. SOCIAL SECURITY NUMBER: 535-34-9524

13a. USUAL OCCUPATION (type kind of work done during most of working life, even if retired): Artist

13b. KIND OF BUSINESS OR INDUSTRY: Painting

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 RFD: 6720 Amber Ave.

FATHER–NAME: first: Albert; middle: S.; last: Balch

16. MOTHER–Maiden Name: first: Edith; middle: McGinnis; last:

17. INFORMANT–Name and relationship to deceased: Nunnally J. Johnson, Husband

CAUSE

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

Immediate Cause

18. (a) Multiple fractures and internal injuries

Conditions, if any, which give 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)

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): 19a. Sept. 14, 1976

HOUR: 19b. 10:45 p.m.

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Auto sitting on R.R. crossing when train collided

AUTOPSY (yes or no): 19c. No

INJURY AT WORK (specify yes or no): 20a. No

PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify): 20b. Modoc Point R.R. Crossing

LOCATION (street or R.F.D. No., city or town, county, state): Modoc Point R.R. Crossing; Modoc Point, Klamath. Ore.

CERTIFICATION–MEDICAL INVESTIGATOR

I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about the date and hour stated.

21a. DEATH OCCURRED (hour): 10:45 P. M.

21b. THE DECEDENT WAS PRONOUNCED DEAD month September day 14 year 1976 hour 11:15 P.M.

21c. FROM: Natural Causes ☐ Homicide ☐ Accident ☒ Suicide ☐ Undetermined ☐ Pending ☐

CERTIFIER–SIGNATURE: [signature]

22a. MEDICAL INVESTIGATOR: FOR:

22b. NAME–(type or print): Lawrence Palzinski D.O.

DATE SIGNED (month, day, year): 9/17/76

23. COUNTY: Klamath

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

CEMETERY OR CREMATORY–NAME: Eternal Hills Crematory

LOCATION–city or town, state: Klamath Falls, Oregon

24a. FUNERAL DIRECTOR–SIGNATURE: [signature]

24b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

24d. DATE (month, day, year): 9-17-76

25a. REGISTRAR–SIGNATURE: [signature]

25b.

26a. RESERVED FOR REGISTRAR'S USE

26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 2 0 1976

27.

28.

VS-107 REV. 2-73

ORIGINAL–VITAL STATISTICS COPY.

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 [signature] Deputy Registrar

Date SEP 2 0 1976 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

6720 Amber Ave City.

I hereby certify that the within instrument was received and filed for record on the 22nd day of September A.D., 19 76 at 2:30 o'clock P. M., and duly recorded in Vol M76, of Deeds on Page 14865.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy