24095

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number 645

DECEASED — NAME: First John — Middle W. — Last Larson

1. RACE (White, Negro, American Indian, etc. (specify)): White
2. DATE OF BIRTH (month, day, year): November 9, 1976
3. COUNTY OF DEATH: Klamath
4. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
5. SEX: Male
5a. AGE-last birthday (years): 88
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. January 11, 1888
7. RESIDENCE-STATE: Oregon
7a. STATE OF BIRTH (If not U.S.A., name country): California
7b. CITIZEN OF WHAT COUNTRY: U.S.A.
7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
7d. NAME OF SPOUSE: Washburn Manor
8. SOCIAL SECURITY NUMBER: 516-01-9976
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Gold Miner
10. KIND OF BUSINESS OR INDUSTRY: Mining
11. Lucy C. Larson
12. RESIDENCE-COUNTY: Klamath
12a. CITY, TOWN, OR LOCATION: Klamath Falls
12b. Inside City Limits (specify yes or no): No
12c. STREET AND NUMBER OR R.F.D.: 3932 Coronado Way
13. FATHER-NAME: First Hans John Larson; Middle; Last
14. MOTHER-Maiden Name: First Margaret; Middle; Last Coyle
15. INFORMANT-NAME and relationship to deceased: Charlotte Ann Swanson; Daughter
16. Usual residence (Street and number or R.F.D. No., City or town, State) where deceased lived. If death occurred in institution, give residence before admission.
17. Approximate interval between onset and death

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. Immediate cause (a): Cerebral Hemorrhage
due to, or as a consequence of: (b): Arteriosclerosis
due to, or as a consequence of: (c): Old Age

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

	ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (give nature of injury in part I or part II, item 18)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19.	19a.	19b.	19c.	19d.	19e. NO	19f.
20.	20a. PLACE OF INJURY (home, farm, street, factory, office bldg., etc. (specify)		20b.	20c. LOCATION (street or R.F.D. No., City or town, county, state)		

21. CERTIFICATION—I HEREBY CERTIFY that I attended the deceased from: month 11 day 11 year 75 to month Nov. 9, 1976 day year
And last saw him/her alive on: month day year
I did/did not view the body after death (specify)
DATE SIGNED (month, day, year): 11/10/76

22. PHYSICIAN—SIGNATURE AND ADDRESS—PHYSICIAN: [signature] M.D.
22a. NAME (type or print): Glenn G. Gallis
22b. street: 1905 Main St., city or town: Klamath Falls, state: Oregon zip: 97601
22c. DATE SIGNED (month, day, year): 11-12-76

CERTIFIER

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Burial
23a. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gar.
23b. LOCATION: city or town: Klamath Falls, state: Oregon
24. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
24a. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25. REGISTRAR—SIGNATURE: [signature]
25a. DATE RECEIVED BY LOCAL REGISTRAR: NOV 10 1976
25b. DATE RECEIVED BY STATE REGISTRAR
26. [signature]
27. DATE RECEIVED BY STATE REGISTRAR

VS-2 R-69

Lucy C. Larson
3932 Coronado Way
Klamath Falls, Ore. 97601

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 NOV 10 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 12th day of January A.D., 1977 at 4;34 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 645.

FEE $ 3.00

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