

25841

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATHVol. 77 Page 3187TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NO. <u>3026</u>		DECEASED - NAME THURSTON E. THOMAS MALD		DATE OF DEATH - MONTH, DAY, YEAR 12-15-68
RACE - WHITE, NEGRO, AMERICAN INDIAN, ALASKA NATIVE, PACIFIC ISLANDER WHITE	AGE - YEARS 50	SEX M	DATE OF BIRTH - MONTH, DAY, YEAR 1-9-18	COUNTY OF DEATH SALT LAKE
CITY, TOWN, OR LOCATION OF DEATH SALT LAKE CITY, UTAH	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) VETERANS ADMINISTRATION HOSPITAL	CITIZEN OF WHAT COUNTRY USA		
STATE OF BIRTH - MONTH, DAY, YEAR IDAHO	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) EVA THOMAS		
SOCIAL SECURITY NUMBER 519 05 81 87	USUAL OCCUPATION - GIVE FIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED BARTENDER	KIND OF BUSINESS OR INDUSTRY		
RESIDENCE - STATE OREGON	CITY, TOWN, OR LOCATION KLAMATH FALLS	STREET AND NUMBER 2529 HOME DALE	MAY 25 1968	
FATHER - NAME HERMAN	MOTHER - NAME LYNDA BROTHERS			
INFORMANT - NAME HOSP RCDS, VA HOSPITAL, 500 FOOTHILL BLVD., SALT LAKE CITY, UTAH 84113				
PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) Confluent bronchopneumonia				
(b) Renal hemotransplantation				
(c) Immunosuppression				
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)				
Arteriosclerosis				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY - MONTH, DAY, YEAR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 13)	AUTOPSY (YES OR NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (YES OR NO)	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	STREET OR R.F.D. NO., CITY OR TOWN, STATE	
CERTIFICATION - MONTH, DAY, YEAR 6-28-68	TO MONTH, DAY, YEAR 12-15-68	AND LAST SAW HIM/HER ALIVE ON MONTH, DAY, YEAR XXXXXXXXXXXXXXXXXXXX	DEATH OCCURRED AT THE PLACE, ON THE DAY, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED 12:30 P.M.	
CERTIFICATION - MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED				
CERTIFIER - NAME (TYPE OR PRINT) T. TSAGARIS, M.D.	SIGNATURE <i>[Signature]</i>	DATE SIGNED - MONTH, DAY, YEAR Dec. 16, 1968		
MAILING ADDRESS - NAME AND ADDRESS VA HOSPITAL, 500 FOOTHILL BLVD., SALT LAKE CITY, UTAH 84113				
BURIAL, CREMATION, REMOVAL (SPECIFY) removal	CEMETERY OR CREMATORY - NAME Klamath Falls, Oregon	LOCATION Klamath Falls, Oregon	CITY OR TOWN, STATE	
DATE 12-16-1968	FUNERAL HOME - NAME AND ADDRESS DESERT MORTUARY COMPANY, 555 1/2th South St., SLC, Utah			
FUNERAL DIRECTOR - SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR December 16, 1968			

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 FEBRUARY A.D., 19 77 at 2:02 o'clock P M., and duly recorded in Vol. M 77 of DEEDS on Page 3187.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By *[Signature]* Deputy