STATE OF OREGON—STATE HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M77 Page 16663

35354

Local File Number 283

State File Number

DECEASED

1. DECEASED—NAME: First: Donald; Middle: Joseph; Last: Jangala
2. DATE OF DEATH (month, day, year): August 17, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 49
5b. Under 1 year: mos.
5c. Under 1 day: days
6. DATE OF BIRTH (month, day, year): July 16, 1928
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either give street and number): Inside City Limits (specify yes or no): Yes
7d. D.O.A. Pres. Int. Hosp.
8. STATE OF BIRTH (if not in U.S.A., name of country): Minnesota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Willa M. Jangala
12. SOCIAL SECURITY NUMBER: 536-24-2834
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insulator
13b. KIND OF BUSINESS OR INDUSTRY: Construction
14a. 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: 8120 Homedale Rd.
14f. Usual residence where deceased lived. (If death occurred in institution, give residence before admission.)
15. FATHER—NAME: first: William; middle: Jangala; last:
16. MOTHER—Maiden Name: first: Olga; middle: Jacobson; last:
17. INFORMANT—Name and relationship to deceased: Willa M. Jangala, Wife
18. PLACE OF DISPOSITION: Eternal Hills Mem. Gard.
19a. AUTOPSY (Yes or no): Yes
19b. IF YES, were findings considered in determining cause of death: Yes
20a. DATE SIGNED (month, day, year): 8-29-77
20b. LOCATION—City or town, state: Klamath Falls, Oregon
20c. NAME AND ADDRESS (street, city or town, state, zip): Klamath Falls, Ore. 97601
20d. DATE RECEIVED BY LOCAL REGISTRAR (month, day, year): 8-30-77
20e. DATE RECEIVED BY STATE REGISTRAR (month, day, year): 8-22-77

CAUSE

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

Immediate Cause
(a) due to, or as a consequence of:
(b) due to, or as a consequence of:
(c)

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).

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year) | HOUR | HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
INJURY AT WORK (specify yes or no) | PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) | LOCATION (street or R.F.D. No., city or town, county, state)

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: (month, day, year)
DEATH OCCURRED (hour) 21b. 12:10 P. M. | THE DECEDENT WAS PRONOUNCED DEAD (month, day, year) hour 21b. August 17, 1977 12:30 P. M. | FROM: 21c. | Natural Causes ☒ Homicide ☐ Accident ☐ Suicide ☐ Pending ☐ Undetermined ☐
CERTIFIER—SIGNATURE | NAME—(type or print)
22a. | 22b. George R. Nicholson

CERTIFIER

MEDICAL INVESTIGATOR: FOR: Klamath COUNTY | DATE SIGNED (month, day, year)

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify) | CEMETERY OR CREMATORY—NAME | LOCATION—City or town, state
24a. Burial | 24b. Eternal Hills Mem. Gard. | 24c. Klamath Falls, Oregon
FUNERAL DIRECTOR—SIGNATURE | FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a. | 25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.
REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | DATE RECEIVED BY STATE REGISTRAR
26a. Judie A. Garrison | 26b. 8-30-77 | 27.
RESERVED FOR REGISTRAR'S USE:
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)

MARJORIE S. COMER, Registrar Vital Statistics

By Judie A. Garrison Deputy Registrar
Date Aug. 30 19 77

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 8th day of September A.D., 19 77 at 11:01 o'clock A M., and duly recorded in Vol M77, of Deed on Page 16663.

FEE $3.00

WM. D. MILNE, County Clerk

By Hazel Mazzi Deputy