35605

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 SEP 13 AM 10 3

Vol. M Page 17021

203
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Thomas Middle: E. Last: Richardson
2. DATE OF DEATH (month, day, year): June 25, 1977
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 76
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): November 9, 1907
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Arkansas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lenore K. Richardson
12. SOCIAL SECURITY NUMBER: 707-18-1177
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): R.R. Engineer (So. Pacific)
13b. KIND OF BUSINESS OR INDUSTRY: Railroad

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

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 OR R.F.D.: 3102 Crosby St.
15. FATHER—NAME first middle last: John Richardson
16. MOTHER—Maiden Name first middle last: Margaret Maxwell
17. INFORMANT—NAME and relationship to deceased: Lenore K. Richardson, Wife

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death
immediate cause (a) Cardio Resp Failure — Terminal
due to, or as a consequence of: (b) CA of LT lung c̄ mets. — 6 mons
(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)
AUTOPSY (yes or no): no
IF YES were findings considered in determining cause of death

CERTIFIER

ACCIDENT (specify yes or no)
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—PHYSICIAN: I attended the deceased from: June '19 '62 (month day year) to June 25, 1977 (month day year)
And Last Saw Him/Her Alive on: 24 Jun '77
I Did/Did Not view the body after death (specify): Not
DEATH OCCURRED (hour): 4:30 A.M. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.
PHYSICIAN—SIGNATURE
NAME (type or print): Earle M. LeVernois
degree or Title: M.D.
DATE SIGNED (month, day, year): June 27 '77
MAILING ADDRESS—PHYSICIAN: 2628 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
LOCATION city or town state: Klamath Falls, Oregon
DATE (mo., day, year): 6-28-77
FUNERAL DIRECTOR—SIGNATURE
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE
DATE RECEIVED BY LOCAL REGISTRAR: (mo.) (day) (yr.)
DATE RECEIVED BY STATE REGISTRAR
RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Pat. Lemmon
Sylvia Mann
Eug

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.

MARJORIE S. COMER, Registrar Vital Statistics
By Marian Johnson Deputy Registrar
Date JUN 23 1977 19
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 13th day of SEPTEMBER A.D., 19 77 at 10:11 o'clock A.M., and duly recorded in Vol. M77, of DEEDS on Page 17021

WM. D. MILNE, County Clerk
By Alice Lessley, Deputy

FEE $ 3.00