36857

STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

Vol. 77 M Page 18976

436
Local File Number

77 DEC 5 PM 2 24

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME First: JAMES Middle: LANDIS Last: SEXTON

2. DATE OF DEATH (month, day, year): December 27, 1976

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

4. SEX: Male

5a. AGE–last birthday (years): 56

5b. Under 1 year: mos. days

5c. Under 1 day: hours min.

6. DATE OF BIRTH (month, day, year): November 15, 1920

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): DOA Presbyterian Intercommunity

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): Montana

9. CITIZEN OF WHAT COUNTRY: USA

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

11. NAME OF SPOUSE: Virginia M. Sexton

12. SOCIAL SECURITY NUMBER: 574 - 03 - 7029

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

13b. KIND OF BUSINESS OR INDUSTRY: Unemployed

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 RFD: Rt. # 1, Box # 576 - B

15. FATHER–NAME first middle last: Paul Samuel Edvin Sexton

16. MOTHER–Maiden Name first middle last: Ola Mae Parr

17. INFORMANT–Name and relationship to deceased: Virginia M. Sexton (Wife)

CAUSE

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

18. Immediate Cause (a) Occlusive coronary arteriosclerosis — approximate interval between onset and death

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

1. 2. 3.

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

AUTOPSY (yes or no): 19a. No

IF YES were findings considered in determining cause of death: 19b.

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): 20a.

HOUR: 20b.

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): 20c.

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

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20e.

LOCATION (street or R.F.D. No., city or town, county, state): 20f.

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:

DEATH OCCURRED (hour): DOA 21a. 9:57 P. M.

THE DECEDENT WAS PRONOUNCED DEAD month day year hour: 21b. Dec. 27 1976 9:57 p. M.

FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

22a. CERTIFIER–SIGNATURE: Veldon C. Boge M.D.

NAME–(type or print) Degree or Title: 22b. Veldon C. Boge, M.D.

MEDICAL INVESTIGATOR: FOR: 23. Klamath COUNTY

DATE SIGNED (month, day, year): December 28, 1976

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY–NAME: 24b. Eternal Hills

LOCATION city or town state: 24c. Klamath Falls, Oregon

DATE (month, day, year): 24d. Dec. 30, 1976

FUNERAL DIRECTOR–SIGNATURE: 25a.

FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

REGISTRAR–SIGNATURE: Marian Scherman

DATE RECEIVED BY LOCAL REGISTRAR: 26b. Dec. 28, 1976

DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE: 28.

Return to - Virginia M Sexton - 5310 Old Midland Rd, City

VS-107 REV. - 2-73

ORIGINAL–VITAL STATISTICS COPY

STATE OF OREGON
County of Klamath
This is certifies that the foregoing is a correct and complete transcript of record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Scherman Deputy Registrar
Date DEC 29 1976 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 5th day of October A.D., 19 77 at 2:24 o'clock P M., and duly recorded in Vol M77, of Deeds on Page 18976.

WM. D. MILNE, County Clerk
By Bernetha G. Belack Deputy

FEE $3.00