37549

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 77 Page 19980

341
Local File Number

CERTIFICATE OF DEATH

'77 OCT 18 PM 4 04
State File Number

DECEASED

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

1. DECEASED—NAME: First: Tristam; Middle: Albert; Last: Shaver				2. DATE OF DEATH (month, day, year): October 5, 1977
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 61	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year): August 4, 1916
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): D.O.A. Pres. Intercomm. Hospt.	
8. STATE OF BIRTH (If not in U.S.A., name country): Kansas	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Frances S. Shaver	
12. SOCIAL SECURITY NUMBER: 438-01-7066	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Purchasing Agent	13b. KIND OF BUSINESS OR INDUSTRY: Retail Auto Parts		
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.: 4159 Summers Lane
15. FATHER—NAME first middle last: John Roscoe Shaver	16. MOTHER—Maiden Name first middle last: Odessa Stone	17. INFORMANT—NAME and relationship to deceased: Frances S. Shaver, Wife		

CAUSE

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

		approximate interval between onset and death
18. immediate cause (a)	Carcinoma of the Lung	6 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Smoking	
due to, or as a consequence of: (c)		

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

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. no	19b.

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)
20a.	20b.	20c. M.	20d.

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)
20e.	20f.	20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. 10-29-69	Oct. 5, 1977	Sept 16 '77	not	7:30 P. M.	

PHYSICIAN—SIGNATURE	NAME (type or print) degree or Title	DATE SIGNED (month, day, year)
22a. Craig A Bennett M.D.	22b. Craig A. Bennett M.D.	22c. Oct 18 '77

MAILING ADDRESS—PHYSICIAN: 23. 1905 Main (street) Klamath Falls, (city or town) Oregon (state) 97601 (zip)

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town	state	DATE (mo., day, year)
24a. Burial	24b. Eternal Hills Mem. Gard.	24c. Klamath Falls,	Oregon	24d. 10-7-77

FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a. Mike O'Hair	25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. Marian Johnson	26b. OCT 18 1977	27.

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

STATE OF OREGON
County of Klamath

I certify 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 OCT 18 1977, 19

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of October A.D., 19 77 at 4:04 o'clock P M., and duly recorded in Vol. M77, of Deeds on Page 19980.

FEE $3.00

WM. D. MILNE, County Clerk
By Jeanette Deputy