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STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

DECLARANT - NAME: PAUL FRANKLIN TIPTON
DATE OF DEATH (month, day, year): May 24, 1973
AGE - Last birthday (year): 52
SEX: Male
RACE: White
COUNTY OF DEATH: Klamath
CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
MARRIED, NEVER MARRIED, WIDOWED, SEPARATED (specify): Married
NAME OF SPOUSE: Alice Tipton
SOCIAL SECURITY NUMBER: 50-32-1571
USUAL OCCUPATION (give kind of work done during last year of working life, never if retired): Irrigation Operator
KIND OF BUSINESS OR INDUSTRY: Klamath Irrigation District
RESIDENCE - STATE: Oregon
COUNTY: Klamath
CITY, TOWN, OR LOCATION: Klamath Falls
STREET AND NUMBER OR R.F.D.: 22nd Wentland
FATHER - NAME: Herman Howard Tipton
MOTHER - Maiden Name: Smith
NAME AND RELATIONSHIP TO DECEASED: Alice Tipton (Wife)
DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
(a) Immediate cause: Coronary Thrombosis
(b) Due to, or as a consequence of: Recent anterior infarction & extension
(c) Due to, or as a consequence of: Generalized ASCVD
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a) (b) (c): Chronic pulmonary disease, Arteriosclerosis
ACCUSED: (specify yes or no) No
DATE OF INJURY (month, day, year): May 14, 1973
PLACE OF INJURY (at home, farm, street, factory, office, etc., specify): Home
LOCATION (street or R.F.D. No., city or town, county, state): Klamath Falls, Oregon
CERTIFICATE OF PHYSICIAN: (month, day, year) May 14, 1973
And Last Saw Him/Her Alive on: (month, day, year) May 24, 1973
I did/did not view the body after death (specify): did
DEATH OCCURRED (hour): 2:00 P.M.
at the place, on the day, and at the hour of my knowledge, due to the cause stated.
SIGNATURE OF PHYSICIAN: Blake Berven, M.D.
DATE: May 15, 1973
SIGNATURE OF REGISTRAR: M.D.
DATE: May 15, 1973
FEDERAL BUREAU OF INVESTIGATION: 207 Medical Dental Building, Klamath Falls, Oregon 97601
FEDERAL HOME NAME AND ADDRESS: Klamath Memorial Park, Klamath Falls, Oregon
DATE RECEIVED BY LOCAL REGISTRAR: MAY 25 1973
DATE RECEIVED BY STATE REGISTRAR: MAY 25 1973

STATE OF OREGON, COUNTY OF MULTNOMAH ss
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE, AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION, AND IN MY OFFICIAL CARE AND CUSTODY.

Rev. Alice Tipton
2244 Wentland
City

STATE REGISTRAR
M. M. M.

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON, COUNTY OF KLAMATH, ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of NOVEMBER A.D., 1977 at 1:44 o'clock P.M., and duly recorded in Vol. M77, of DEEDS on Page 21817.

FEE \$ 3.00

WM. D. MILNE, County Clerk
By: Bernetha S. Hetch Deputy