38896

Vol. M77 Page 21906

STATE OF OREGON – HEALTH DIVISION
Vital Statistics Section

146
Local File Number

CERTIFICATE OF DEATH

77 MAY 9 PM 1:44

State File Number

DECEASED

DECEASED NAME First: EDWARD Middle: WILLIAM Last: LEWIS

DATE OF DEATH (month, day, year): May 7, 1977

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

SEX: Male

AGE (Last birthday): 67 Years

UNDER 1 YEAR: Months Days Hours Minutes

DATE OF BIRTH (month, day, year): March 27, 1910

COUNTY OF DEATH: Klamath

CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

INSIDE CITY LIMITS (specify yes or no): Yes

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity

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

STATE OF BIRTH (If not in U.S.A., name country): New York

CITIZEN OF WHAT COUNTRY: USA

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

NAME OF SPOUSE: Eula B. Lwais X

SOCIAL SECURITY NUMBER: 194 - 03 - 9567

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Machanical Antnc - Ret.

KIND OF BUSINESS OR INDUSTRY: Hughes Aircraft

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Keno

INSIDE CITY LIMITS (specify yes or no): No

STREET AND NUMBER OR R.F.D.: PO Box 273 X

FATHER—NAME first middle last: Edward Kemper Lewis

MOTHER—Maiden Name first middle last: Lillian Mae Locke

INFORMANT—NAME and relationship to deceased: Eula B. Lewis - 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

(a) Immediate cause: Carcinoma of Cecum Metastatic to Liver — Months

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)

AUTOPSY (yes or no): No

IF YES were findings considered in determining cause of death:

ACCIDENT (specify yes or no)

DATE OF INJURY (month, day, year)

HOUR: M.

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)

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year MAY 2 77 to month day year MAY 7 77 And last saw him/her alive on: month day year MAY 6 77

I Did/Did Not view the body after death (specify): DID NOT

DEATH OCCURRED (hour): 5:10 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: D D Reeder MD

NAME (type or print): David D. Reeder degree or title: M.D.

DATE SIGNED (month, day, year): 5-9-77

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1900 Main Street - Klamath Falls, Oregon 97601

BURIAL

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

CEMETERY OR CREMATORY—NAME: Eternal Hills

LOCATION (city or town, state): Klamath Falls, Oregon

DATE (mo., day, year): May 11, 1977

FUNERAL DIRECTOR—SIGNATURE: [signature]

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main St. - Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE: Judie A. Harrison

DATE RECEIVED BY LOCAL REGISTRAR: May 10, 1977

DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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 Judie A. Harrison Deputy Registrar
Date May 10 1977

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 14th day of November A.D., 19 77 at 9:44 o'clock A M., and duly recorded in Vol. M77, of Deeds on Page 21906.

WM. D. MILNE, County Clerk
By Jeanette Babach Deputy

FEE $3.00