41002

322
Local File Number

CERTIFICATE OF DEATH

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 DEC 29 PM 12 31

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DECEASED

Usual residence (where deceased lived; if death occurred in institution, give residence before admission)

1. DECEASED—NAME: First JAMES Middle MONROE Last ELLIS, JR.
2. DATE OF DEATH (month, day, year): October 2, 1977
3. RACE (White; Negro, American Indian, etc. (specify)): White
4. SEX: Male
5. AGE—Last Birthday (years): 64 Under 1 year: mos. 5b. Under 1 day: days 5c. hours min. 5d.
6. DATE OF BIRTH (month, day, year): March 14, 1913
7. COUNTY OF DEATH: Klamath
7a. STATE OF BIRTH (If not in U.S.A., name country): Nebraska
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
8. SOCIAL SECURITY NUMBER: 548-12-6448
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Hazel M. Ellis
12. RESIDENCE—STATE: Oregon
12a. COUNTY: Klamath
12b. CITY, TOWN, OR LOCATION: Klamath Falls
12c. STREET AND NUMBER OR R.F.D.: 1750 Gary Street
12d. Inside City Limits (specify yes or no): No
13. FATHER—NAME: first James middle Monroe last Ellis
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Automotive
14. MOTHER—Maiden Name: first N/R middle last
14a. INFORMANT—NAME and relationship to deceased: Hazel Ellis (Wife)
14b. STREET AND NUMBER OR R.F.D.: 1750 Gary Street
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. STATE: Oregon

CAUSE

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

Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.

18. immediate cause
(a) Cardiac and Respiratory Arrest.
due to, or as a consequence of:
(b) Cachexia secondary to Metastatic Epidermoid Carcinoma Lungs, liver and brain.
due to, or as a consequence of:
(c) Epidermoid Carcinoma; anterior floor of mouth and pharynx.

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

Laennec's Cirrhosis of Liver.

19. ACCIDENT (specify yes or no)
19a. DATE OF INJURY (month, day, year)
19b. HOUR
19c. HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18)
20. INJURY AT WORK (specify yes or no)
20a. PLACE OF INJURY at home; farm; street; factory; office bldg., etc. (specify)
20b. LOCATION (street or R.F.D. No.; city or town; county; state)
20c. AUTOPSY (yes or no)
20d. IF YES were findings considered in determining cause of death
21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 20f. month day year
20g. month day year And Last Saw Him/Her Alive on: month day year
20h. I Did Did Not view the body after death (specify)

CERTIFIER

22. PHYSICIAN'S SIGNATURE: [signature] 3 9 73 10 2 77 10 2 77
22a. MAILING ADDRESS—PHYSICIAN: 1000 Pine Street
22b. NAME (type or print): NORMAN F. BLINSTRUB MD
22c. DATE SIGNED (month, day, year): 10/3/77
street
city or town
state
degree or Title

BURIAL

23. BURIAL, CREMATION, REMOVAL: MAUS: (specify)
24. CEMETERY OR CREMATORY—NAME: Cremation
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION: Klamath Falls, Oregon
24c. city or town, state
25. FUNERAL DIRECTOR—SIGNATURE: [signature]
25a. FUNERAL HOME—NAME AND ADDRESS: WARD'S - 1945 Main - Klamath Falls, Oregon 97601
25b. (street; city or town, state, zip)
26. REGISTRAR—SIGNATURE: [signature]
26a. DATE RECEIVED BY LOCAL REGISTRAR: OCT 3 1977
26b. DATE RECEIVED BY STATE REGISTRAR
27. RESERVED FOR REGISTRAR'S USE
28.

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

(SEAL)

By Marjorie S. Comer Deputy Registrar
Date OCT 4 1977 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of December A.D., 1977 at 12:31 o'clock P M., and duly recorded in Vol M77, of Deeds on Page 25048.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha J. Leach Deputy