41340

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'78 JAN 6 PM 2 54

Vol. M 78 Page 336

436
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: HOLLIS	Middle: DALE	Last: KIZER				2. DATE OF DEATH (month, day, year): December 21, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 55	Under 1 year 5b. mos. / days	Under 1 day 5c. hours / min.		6. DATE OF BIRTH (month, day, year): February 7, 1922	
DECEASED 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): 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 country): Texas	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Maxine L. Kizer				
12. SOCIAL SECURITY NUMBER: 452 - 16 - 2383	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher	13b. KIND OF BUSINESS OR INDUSTRY: Ranching					
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Chiloquin	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: Star Route - Box 147 ✓			
15. FATHER—NAME first middle last: Tom Kizer	16. MOTHER—Maiden Name first middle last: Clemmie Bryan	17. INFORMANT—NAME and relationship to deceased: Kim Kizer - Son					

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): Cardiac Arrest — seconds
due to, or as a consequence of (b): Hypoxia — minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of (c): Carcinoma of lung (epidermoid) — 1 year

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.

1. 2. 3.

ACCIDENT (specify yes or no) 20a. No	DATE OF INJURY (month, day, year) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.		

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. August 31, 1972 to 12/21/77	And Last Saw Him/Her Alive on: month day year: Dec. 14, 1977	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour): DOA 6:10 PM	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	
PHYSICIAN—SIGNATURE 22a. ✓	NAME (type or print) 22b. William A. Bartlett	degree or Title: MD	DATE SIGNED (month, day, year) 22c. 12/31/77		
MAILING ADDRESS—PHYSICIAN street / city or town / state / zip 23. 2860 Daggett St - Klamath Falls, Oregon 97601					

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS (specify) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Ft. Klamath Cem.	LOCATION city or town state 24c. Fort Klamath, Oregon	DATE (mo., day, year) 24d. Dec. 23, 1977
FUNERAL DIRECTOR—SIGNATURE 25a. ✓	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. WARD'S - 1945 Main - Klamath Falls, Oregon 97601		

REGISTRAR

REGISTRAR—SIGNATURE 26a. ✓	DATE RECEIVED BY LOCAL REGISTRAR 26b. JAN 3 1978	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
By _____ Deputy Registrar
Date JAN 3 1977

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of January A.D., 19 78 at 2:54 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 336.

WM. D. MILNE, County Clerk
By _____ Deputy

FEE $3.00