42087 — 376 Local File Number

STATE OF OREGON — HEALTH DIVISION — Vital Statistics Section

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CERTIFICATE OF DEATH

'77 Q10654

1. DECEASED—NAME: First: LEX	Middle: MASON	Last: ROBINSON						2. DATE OF DEATH (month, day, year): July 25, 1977	
3. RACE (White, Negro, American Indian, etc. (specify)): White	4. SEX: Male	5a. AGE—Last Birthday (years): 60	5b. If Under 1 year: months	days	5c. If Under 1 day: hours	min.		6. DATE OF BIRTH (month, day, year): January 19, 1917	
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	
8a. STATE OF BIRTH (If not in U.S.A., name country): Alabama	8b. CITIZEN OF WHAT COUNTRY: USA	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (write in): Married			10. NAME OF SPOUSE: Gertie Robinson				
11. SOCIAL SECURITY NUMBER: 426 - 18 - 6673	12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grader/Scaler				12b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill				
13a. RESIDENCE—STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Keno			13d. (Inside City Limits? (specify yes or no)): No			13e. STREET AND NUMBER OR R.F.D.: 9714 Ben Kerns Road	
14. FATHER—NAME first, middle, last: John Edgar Robinson	15. MOTHER—Maiden Name first, middle, last: Josephine Cooper				16. INFORMANT—NAME and relationship to deceased: Gertie Robinson - Wife				

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

		Approximate interval between onset and death
Immediate cause (a)	CARDIAC ARREST	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) due to, or as a consequence of	GENERALIZED ARTERIOSCLEROSIS	
(c) due to, or as a consequence of	NA	

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

17. AUTOPSY (yes or no): No	18. If YES, were findings considered in determining cause of death?

19a. ACCIDENT (specify yes or no): No	19b. DATE OF INJURY (month, day, year)	19c. HOUR: AM	19d. HOW INJURY OCCURRED (enter nature of injury on part I or part II item 18)
20a. INJURY AT WORK (specify yes or no)	20b. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))	20c. LOCATION (Street or R.F.D. No., City or town, County, State)	

21. CERTIFICATION—PHYSICIAN—I attended the deceased from: month, day, year	to: month, day, year	And last saw him/her alive on: month, day, year	Did/Did Not view the body after death	DEATH OCCURRED: hour	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
7-19-77	7-22-77	7-22-77	Did	1154 P M	

22. PHYSICIAN—SIGNATURE	NAME (type or print)	degree or title	DATE SIGNED (month, day, year)
	James Schwartz	MD	7-25-77

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2584 Campus Drive, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION (city or town, state)	24d. DATE (mo., day, year)
Removal/Burial	Mt. Jefferson	Madras, Oregon	

25. FUNERAL DIRECTOR—SIGNATURE	26. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
	WARD'S - 1945 Main - Klamath Falls, Oregon 97601

27. REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
	JUL 27 1977	AUG 10 1977

28. RESERVED FOR REGISTRAR'S USE

OVER

DATE ISSUED AUGUST 23 1977

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.

(STATE REGISTRAR)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 19 78 at 2:11 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 1381.

FEE $3.00

WM. D. MILNE, County Clerk

By Dorothea L. Leach Deputy