42115

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

Local File Number: 46

State File Number:

DECEASED

1. DECEASED—NAME (First, Middle, Last): DENNIS MARK HAYDEN
2. DATE OF DEATH (month, day, year): December 4, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 28
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): March 1, 1949
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
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Jacqueline L. Hayden
12. SOCIAL SECURITY NUMBER: 541 - 58 - 5080
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Driver
13b. KIND OF BUSINESS OR INDUSTRY: Ray Day Trucking
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 1812 Crest Street
15. FATHER—NAME (first middle last): Dale H. Hayden
16. MOTHER—Maiden Name (first middle last): Lillian W. Zankich
17. INFORMANT—NAME and relationship to deceased: Jacqueline L. Hayden (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

18. immediate cause
(a) metastatic epidermoid cancer of the esophagus — 6 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): 19a. No. IF YES were findings considered in determining cause of death: 19b.

1. ACCIDENT (specify yes or no): 20a.
2. DATE OF INJURY (month, day, year): 20b.
3. 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

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 9-11-77 to month day year 12-4-77
And Last Saw Him/Her Alive on: month day year 11-16-77
I Did/Did Not view the body after death (specify): Did not
DEATH OCCURRED (hour): 2:55 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Kenneth L. Tuttle M.D.
22b. NAME (type or print) degree or Title: Kenneth L. Tuttle, M.D.
22c. DATE SIGNED (month, day, year): Dec. 8, 1977
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2680 "C" Uhrmann Road, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Dec. 6, 1977
25a. FUNERAL DIRECTOR—SIGNATURE:
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Hard's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marjorie S. Johnson
26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 8 1977
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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

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 Marjorie S. Comer Deputy Registrar
Date DEC 8 1977, 19__

(SEAL)

VOID IF ALTERED

Returned to Registrar of Vital Statistics, State of Oregon

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 4:11 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 1412

WM. D. MILNE, County Clerk
By Bernetha H. Hatch Deputy

FEE $3.00