42182

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Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

RESIDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF THESE ITEMS.

POSITION OF

PARTIES

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

USE OF PARTIES

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 CARL	RODNEY	LARSON	2 January 18, 1978

RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 63	5b	5c	6 February 7, 1914

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer., Am., Inpatient (Specify)
7a Klamath	7b Klamath Falls	7c Presbyterian Intercom. Hosp	7d D. O. A.

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Minnesota	9 U. S. A.	10 Married	11 Viola M. Larson	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 543-10-4787	14a Parts man	14b Farm Equipment

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 2506 Patterson Street	15e no

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 E. Gideon Larson	17 Johanna - unknown	18 Viola M. Larson - wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Oregon 97601

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a William F. Davenport	20b DAVENPORT'S Chapel of the Good Shepherd 6420 South Sixth Street, Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]	DATE SIGNED [Mo., Day, Yr.]	HOUR OF DEATH
William G. Holford M.D.	21b January 19, 1978	21c 9:30 A M

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d William G. Holford, M. D. 4036 South Sixth Street, Klamath Falls, ORegon

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	REGISTRAR
22a JAN 19 1978	22b [Signature] Marian Peterman

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Myocardial Infarction — Interval between onset and death: 1-2 hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No) 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c M	26d

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
26e	26f	26g

RESERVED FOR REGISTRAR'S USE

Ref- Viola M. Larson
2506 Patterson
city

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Peterman Deputy Registrar

Date JAN 20 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of January A.D., 19 78 at 11:54 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 1514.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetta D. Belsch Deputy