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Local File Number 128

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. Decedent—Name (First, Middle, Last)	Carl Arthur Lyon
2. Date of Death (month, day, year)	April, 9, 1978
3. Race (White, Black, American Indian, etc.)	White
4. Sex	Male
5a. Age—Last birthday (years)	71
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	May 28, 1906
7a. County of Death	Klamath
7b. City, Town or Location of Death	Merrill
7c. Hospital or Other Institution—Name (if not in either, give street and number)	Box 462
7d. If hosp. or inst. indicate DOA, OP/Emer., Rm., Inpatient (specify)	
8. State of Birth (if not in U.S.A., name country)	Kansas
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (if married, widowed)	Josephine A. Lyon
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)	No
13. Social Security Number	542-12-5782
14a. Usual Occupation (give kind of work done during most of working life, even if retired)	Farmer
14b. Kind of Business or Industry	Farming
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Merrill
15d. Street and Number or R.F.D., Zip	Box 462, 9763
15e. Inside City Limits (specify yes or no)	No
16. Father—Name (first, middle, last)	Linus Miles Lyon
17. Mother—Maiden Name (first, middle, last)	Rosella Mayberry
18. Informant—Name and relationship to deceased	Josephine A. Lyon, Wife
19a. Burial, Cremation, Removal, Maus. (specify)	Cremation
19b. Cemetery or Crematory—Name	Eternal Hills Crematory
19c. Location (city or town, state)	Klamath Falls, Oregon
20a. Funeral Service Licensee or person acting as such (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 976
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature] M.D.
21b. Date Signed (Mo., Day, Yr.)	Apr. 10 78
21c. Hour of Death	1:30 P. M
21d. Name and Address of Certifier (Type or Print)	Earle M. LeVernois M.D. 2628 Campus Dr., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print)	
22a. Date Received by Registrar (Mo., Day, Yr.)	APR 11 1978
22b. Registrar (Signature)	[signature]

23. Part I. Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval between onset and death
(a)	Cardio-Resp. failure	Terminal
(b) Due to, or as a consequence of	Metast. Ca	3 wk's
(c) Due to, or as a consequence of	Ca of thyroid	Known 2 yrs

Part II. Other Significant Conditions—Conditions contributing to death but not related to cause given in Part I (a):

24. Autopsy (Specify Yes or No): No

25. Was Case Referred to Medical Examiner or Coroner (Specify Yes or No): Yes

26a. Accident (Specify Yes or No):
26b. Date of Injury (Mo., Day, Yr.):
26c. Hour of Injury: M
26d. Describe How Injury Occurred:
26e. Injury at Work (Specify Yes or No):
26f. Place of Injury—At home, farm, street, factory, office building, etc. (specify):
26g. Location (Street or R.F.D. No., City or Town, State):

Reserved for Registrar's Use

VS-2 Rev-1-78 P-05412

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 [signature] Deputy Registrar
Date APR 19 1978

VOID IF ALTERED

INVALID 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 21st day of April A.D., 19 78 at 4:30 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 7880.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00

Return to - Josephine A. Lyon, Box 462 Merrill, Or. 97633