47332

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

145
Local File Number

Vol. M78 Page 8790

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME FIRST: JERRY MIDDLE: ALLEN LAST: RADFORD

DATE OF DEATH (MONTH, DAY, YEAR): April 21, 1978

RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White

SEX: Male

AGE—LAST BIRTHDAY (YEARS): 32

DATE OF BIRTH (MONTH, DAY, YEAR): September 21, 1945

COUNTY OF DEATH: Klamath

CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Presbyterian Hosp. D.O.A.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Florida

CITIZEN OF WHAT COUNTRY: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

SPOUSE (IF MARRIED, WIDOWED): Mary Ann

WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

SOCIAL SECURITY NUMBER: 554 - 66 - 6844

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Boilertender

KIND OF BUSINESS OR INDUSTRY: Kingsley Field Air Base

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Bonanza

STREET AND NUMBER OR R.F.D.: PO Box 44 / 3rd St.

INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

FATHER—NAME FIRST MIDDLE LAST: Archie Hazelett

MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Vera McMellon

INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Mary Ann Radford - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial

CEMETERY OR CREMATORY—NAME: Lost River Cemetery

LOCATION CITY OR TOWN STATE: Bonanza, Oregon

FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]

NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

DEATH OCCURRED (HOUR): 11:40 P.M.

THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: April 22, 1978 1:00 am.

FROM: NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☒ UNDETERMINED ☐ SUICIDE ☐ PENDING ☐

CERTIFIER—SIGNATURE: George R. Nicholson MD

NAME (TYPE OR PRINT): George R. Nicholson, M.D.

DEGREE OR TITLE

MEDICAL EXAMINER FOR: KLAMATH COUNTY

DATE SIGNED (MONTH, DAY, YEAR): April 25, 1978

DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): April 26, 1978

REGISTRAR (SIGNATURE)

PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): Crushing Injuries of Head & Chest

INTERVAL BETWEEN ONSET AND DEATH: seconds

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (SPECIFY YES OR NO): No

DATE OF INJURY (MONTH, DAY, YEAR): April 21, 1978

HOUR: 11:40 PM

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Sole occupant of vehicle which crashed

INJ. AT WORK (SPECIFY YES OR NO): No

PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Highway #140 E

LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): M.Post 18.11 East of Klamath Falls/Kl/Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-76

Mary Ann Radford
Box 44
Bonanza, Or.

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 [signature], Deputy Registrar

Date APR 26 1978

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 2nd day of May A.D., 19 78 at 4:19 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 8790.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy