

48702

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

Vol. 78 Page

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DECEASED—NAME		First	Middle	Last	State File Number
1		Albert	J.	Loomis	DATE OF DEATH (month, day, year)
2		RACE White, Black, American Indian, etc. (specify) White			DATE OF BIRTH (month, day, year)
3		4	5a	5b	5c
6		COUNTY OF DEATH Klamath			7a
7a		CITY, TOWN OR LOCATION OF DEATH Klamath Falls			7b
8		STATE OF BIRTH (If not in U.S.A., name country) Wisconsin			9
9		CITIZEN OF WHAT COUNTRY U.S.A.			10
10		SOCIAL SECURITY NUMBER 543-10-0980			11
11		RESIDENCE—STATE Oregon			12
12		COUNTY Klamath			13
13		CITY, TOWN, OR LOCATION Klamath Falls			14
14		STREET AND NUMBER OR R.F.D. 1994 Gettle St.			15
15		FATHER—NAME first middle last Orland Loomis			16
16		MOTHER—Maiden Name first middle last Elizabeth Shumbar			17
17		BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			18
18		CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery			19
19		FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) Mike O'Hair			20
20		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601			21
21		To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) Robert Payne M.D.			22
22		NAME AND ADDRESS OF CERTIFIER (Type or Print) Robert Payne M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601			23
23		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 16 1978			24
24		REGISTRAR (Signature) Marian Schuman			25
25		PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			26
26		(a) DUE TO, OR AS A CONSEQUENCE OF: pneumonia			27
27		(b) DUE TO, OR AS A CONSEQUENCE OF: generalized cardiovascular disease			28
28		(c) DUE TO, OR AS A CONSEQUENCE OF: cerebrovascular of left lung			29
29		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			30
30		ACCIDENT (Specify Yes or No) NO			31
31		DATE OF INJURY (Mo., Day, Yr.)			32
32		HOUR OF INJURY			33
33		DESCRIBE HOW INJURY OCCURRED			34
34		INJURY AT WORK (Specify Yes or No)			35
35		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			36
36		LOCATION			37
37		STREET OR R.F.D. NO			38
38		CITY OR TOWN			39
39		STATE			40
40		RESERVED FOR REGISTRAR'S USE			41

VS-2 Rev-1-78 P-63412

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. CONER, Registrar Vital Statistics

By Marian Schuman Deputy Registrar

Date MAY 16 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 22nd day of May A.D., 19 78 at 3:20 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 10740.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice H. Hirsch

Deputy