53972
303

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

Vol. M 78 Page 18782

CERTIFICATE OF DEATH

Local File Number — State File Number

1. DECEASED—NAME: First MONA; Middle DIXON; Last JONES
2. DATE OF DEATH (month, day, year): August 16, 1978
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 79
5b. Under 1 year (mos, days):
5c. Under 1 day (hours, min):
6. DATE OF BIRTH (month, day, year): October 25, 1898
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
7d. If HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (If married, widowed): –
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 541 - 09 - 9118 - A
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: At home
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 1919 Portland 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: William Wallace Reed
17. MOTHER—Maiden Name first middle last: Mary Belle Crow
18. INFORMANT—NAME and relationship to deceased: Lois Metzer (Daughter)
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Linkville Cemetery
19c. LOCATION city or town, state: Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

To be Completed By CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): David Reeder M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 8 16 78
21c. HOUR OF DEATH: 5:50 A.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): David D. Reeder, M.D., 1900 Main Street, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 17, 1978
22b. REGISTRAR (Signature): Marjorie S. Comer

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Cardiac Arrhythmia — Interval between onset and death: [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASCVD — Interval between onset and death: [illegible]
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): Abdominal Aortic Aneurysm
24. AUTOPSY (Specify Yes or No): No
25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): No
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-65412

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 Services.

MARJORIE S. COMER, Registrar Vital Statistics

(SEAL)

By Marjorie S. Comer, ~~Deputy~~ Registrar
Date 8-17-78
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Return to:
H.F. SMITH
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

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 August A.D., 1978 at 8;44 o'clock A.M., and duly recorded in Vol M78 of Deeds on Page 18782.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.00