

56861

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

Vol. 78 Page 23272

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First Middle Last 1 GEORGE MARION GRANT		DATE OF DEATH (month, day, year) 7 October 5, 1978	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male	AGE—Last birthday (years) 5a 69
COUNTY OF DEATH 7a Klamath		CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	
STATE OF BIRTH (if not in U.S.A., name country) 8 Idaho		CITIZEN OF WHAT COUNTRY 9 USA	
SOCIAL SECURITY NUMBER 13 541 - 10 - 5913		HOSPITAL OR OTHER INSTITUTION—NAME (if not in entry, give street and number) 7c Presbyterian Intercommunity	
RESIDENCE—STATE 15a Oregon		KIND OF BUSINESS OR INDUSTRY 14b Superior Troy Laundry	
FATHER—NAME first middle last 16 James William Grant		MOTHER—Maiden Name first middle last 17 Clara - Jensen	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) 20a E.E. Howard		NAME AND ADDRESS OF FACILITY 20b Howard's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) E.E. Howard M.D.		DATE SIGNED (Mo., Day, Yr.) 21b 10/5/78	
CERTIFIER—NAME AND TITLE (Type or print) 21d E.E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601		MAILING ADDRESS (Street, city or town, state, zip) 21c 1:18 A. M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a OCT 10 1978	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a		REGISTRAR 22b (Signature) Marian Ackerman	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: (b) OLD INFARCTIONS DUE TO, OR AS A CONSEQUENCE OF: (c) ARTERIOSCLEROSIS			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a). CANCER OF COLON			
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g
RESERVED FOR REGISTRAR'S USE		STREET OR R.F.D. NO CITY OR TOWN STATE	

William J. Deemore
540 Main
K 40

VS-2 Rev-8-78 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By **Marian Ackerman** Deputy RegistrarDate **OCT 11 1978**

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the **17th** day of **October** A.D., 19 **78** at **4:13** o'clock **P** M., and duly recorded in Vol. **M78** of **Deeds** on Page **23272**.

FEE \$3.00

WM. D. MILNE, County Clerk

By **Bernetha A. Hetsch** Deputy