Vol. M78 Page 25290

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

58132
STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4700-260

DECEDENT PERSONAL DATA

- 1a. NAME OF DECEASED—FIRST NAME: ROY
- 1b. MIDDLE NAME: ARTHUR
- 1c. LAST NAME: SUTHERLAND
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: November 24, 1977
- 2b. HOUR: 11:00p M
- 3. SEX: Male
- 4. COLOR OR RACE: White
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
- 6. DATE OF BIRTH: July 29, 1913
- 7. AGE (LAST BIRTHDAY): 64 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: William Sutherland - Nebraska
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Nora Livingston - Iowa
- 10. CITIZEN OF WHAT COUNTRY: USA
- 11. SOCIAL SECURITY NUMBER: 542 - 09 - 5272
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Georgia Sutherland(Bailey)
- 14. LAST OCCUPATION: Farmhand
- 15. NUMBER OF YEARS IN THIS OCCUPATION: life
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Clarence Cross
- 17. KIND OF INDUSTRY OR BUSINESS: Farming

PLACE OF DEATH

- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Mt. Hebron Mill
- 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): Box 52
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
- 18d. CITY OR TOWN: Near Mt. Hebron
- 18e. COUNTY: Siskiyou
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: Occasional YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: Occasional YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 225 Princeton
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: Klamath Falls
- 19d. COUNTY: Klamath
- 19e. STATE: Oregon
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Georgia Sutherland, 225 Princeton, Klamath Falls, Oregon — Rel

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED BELOW FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INQUEST UPON THE REMAINS OF DECEASED AS REQUIRED BY LAW.
- 21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 8-30-77 TO — AND LAST SAW THE DECEASED ALIVE 11-4-77
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: B. A. Cope
- 21d. DATE SIGNED: 11-29-77
- 21e. ADDRESS: B. A. Cope, 734 S. Main St., Yreka
- 21f. PHYSICIAN'S LICENSE NUMBER: C15636

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 11/30/77
- 23. NAME OF CEMETERY OR CREMATORY: Eternal Hills
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: James K. Ward — Ore 4452
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): James K. Ward
- 26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): Yes
- 27. LOCAL REGISTRAR—SIGNATURE: P.K. Bly By Jeanne L Lane
- 28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 30 1977

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

- IMMEDIATE CAUSE (A): Chronic Obstructive Pulmonary Disease c Respiratory Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: yrs
- CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF (B)
- DUE TO, OR AS A CONSEQUENCE OF (C)
- 30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
- 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)
- 32a. AUTOPSY (SPECIFY YES OR NO): no
- 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO): no

INJURY INFORMATION

- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
- 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, HIGHWAY, STREET, OFFICE BUILDING, ETC.)
- 35. INJURY AT WORK (SPECIFY YES OR NO)
- 36a. DATE OF INJURY—MONTH, DAY, YEAR
- 36b. HOUR: M
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
- 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES
- 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
- 39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
- 40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

A.	B.	C.	D.	E.	F.

26.681

STATE 9615

Ret: Georgia Sutherland 225 Princeton

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of November A.D., 19 78 at 2:04 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 25290.

WM. D. MILNE, County Clerk

By Bernetha S Letsch Deputy

FEE $3.00