

CERTIFICATE OF DEATH

Vol 777 Page 25293

DECEASED NAME Jesse Douglas Brinson		MIDDLE Douglas		LAST Brinson		State File Number	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male		AGE LAST BIRTHDAY (YEARS) 60		DATE OF DEATH (MONTH, DAY, YEAR) October 26, 1978	
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH 15 Mi. S. Klamath Falls		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, SPECIFY) Granada Butte N.W. Dorris		DATE OF BIRTH (MONTH, DAY, YEAR) March 13, 1918	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Georgia		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		SPOUSE (IF MARRIED, WIDOWED) Faye Brinson	
SOCIAL SECURITY NUMBER 259-05-0391		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Conductor: Railroad		KIND OF BUSINESS OR INDUSTRY Railroad		WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS (SPECIFY YES OR NO) Yes	
RESIDENCE-STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 4630 Clinton St.	
FATHER-NAME FIRST MIDDLE LAST Jesse Brinson		MOTHER-MAIDEN NAME FIRST MIDDLE LAST -		INFORMANT-NAME AND RELATIONSHIP TO DECEASED Faye Brinson, Wife		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial		CEMETERY OR CREMATORY-NAME Eternal Hills Memorial Gardens		LOCATION CITY OR TOWN Klamath Falls, Oregon		STATE Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE <i>Mike O'Hair</i>		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601					
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) 2:00 P.		THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) October 26, 1978		FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐			
CERTIFIER - SIGNATURE <i>George R. Nicholson</i>		NAME (TYPE OR PRINT) George R. Nicholson		DATE SIGNED (MONTH, DAY, YEAR) October 31, 1978		DEGREE OR TITLE M.D.	
MEDICAL EXAMINER FOR: Klamath		COUNTY Klamath					
DATE RECEIVED BY REGISTRAR (MO, DAY, YR.) Oct. 31, 1978		REGISTRAR <i>Marian Ackerman</i>					
IMMEDIATE CAUSE PART I		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)				INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO, OR AS A CONSEQUENCE OF <i>Apparent Myocardial Infarct</i>						1-2 hours	
(B) DUE TO, OR AS A CONSEQUENCE OF <i>Hypertensive Cardio-vascular Disease</i>						4 yrs	
(C) DUE TO, OR AS A CONSEQUENCE OF						INTERVAL BETWEEN ONSET AND DEATH	
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) 25A		HOUR 25B		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25C			
INJ. AT WORK (SPECIFY YES OR NO) 25D		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. 25E		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F			
RESERVED FOR REGISTRAR'S USE							

ORIGINAL VITAL STATISTICS COPY

VB-107 REV. 1-78

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 Registrar
Date NOV 1 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 9th day of November A.D., 1978 at 2:13 o'clock P.M., and duly recorded in Vol. M78 of Deeds on Page 25293.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Bernetha Spetch* Deputy