58883

205
Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

'78 NOV 24 PM 2 47

State File Number

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DECEASED

1. DECEASED—NAME: First Joseph; Middle M.; Last Sasser
2. DATE OF DEATH (month, day, year): July 1, 1971
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5. AGE—Last birthday (years): 88; Under 1 year: mos. 5b., days; Under 1 day: hours 5c., min.
6. DATE OF BIRTH (month, day, year): Jan 10, 1883
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Kentucky
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lenna M. Sasser
12. SOCIAL SECURITY NUMBER: 566-26-4130
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Restaurant Owner
13b. KIND OF BUSINESS OR INDUSTRY: Restaurant
14a. RESIDENCE—STATE: California
14b. COUNTY: Siskiyou
14c. CITY, TOWN, OR LOCATION: Tulelake
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: P.O. Box 251
15. FATHER—NAME first middle last: William H. Sasser
16. MOTHER—Maiden Name first middle last: Lucinda (unknown)
17. INFORMANT—NAME and relationship to deceased: Lenna M. Sasser, wife

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18. (a) immediate cause: Pneumonia — approximate interval between onset and death: 1 week
(b) due to, or as a consequence of: Basilar Artery Thrombosis — 2 weeks
(c) due to, or as a consequence of: Atherosclerosis — ? ?

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	AUTOPSY (yes or no) 19a. No	IF YES were findings considered in determining cause of death 19b.
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.			

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year June 20 - 71 to month day year July 1, 1971

And Last Saw Him/Her Alive on: month day year July 1-1971

Did not view the body after death (specify)

DEATH OCCURRED (hour) 5:25 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: [signature]
22a. MAILING ADDRESS—PHYSICIAN (street): 210-11 Medical Dental Building
NAME (type or print) 22b. Daniel Gottevier M.D.
(city or town) Klamath Falls (state) Oregon (zip) 97601
DATE SIGNED (month, day, year) 22c. 7/6/71

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
CEMETERY OR CREMATORY—NAME 24b. Lost River Cemetery
LOCATION (city or town) Bonanza (state) Oregon
DATE (mo., day, year) 24d. 7-6-71
25a. FUNERAL DIRECTOR—SIGNATURE: [signature] #130
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. O'Hair's Funeral Chapel, 515 Pine, K. Falls, Ore.
26a. REGISTRAR—SIGNATURE: Marian Coleman
DATE RECEIVED BY LOCAL REGISTRAR 26b. JUL 6 1971
DATE RECEIVED BY STATE REGISTRAR 27.
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

W. J. Sasser
6908 Sierra Bonita Way
Sacramento, Ca 95831

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.

NEIL BLACK, M.D., Registrar Vital Statistics
By [signature] Deputy Registrar
Date 7 1971

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of November A.D., 1978 at 2:47 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 26589

FEE $3.00

WM. D. MILNE, County Clerk
By [signature] Deputy