59887

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

'78 DEC 18 PM 3 43

420
Local File Number

CERTIFICATE OF DEATH

Vol. M78 Page 28250
State File Number

DECEASED—NAME First / Middle / Last	1 IVAN KENNETH VANHOOK
2 DATE OF DEATH (month, day, year)	November 15, 1978
3 RACE	White
4 SEX	Male
5a AGE—Last birthday (years)	62
5b Under 1 year (mos. / days)	
5c Under 1 day (hours / min.)	
6 DATE OF BIRTH (month, day, year)	March 25, 1916
7a COUNTY OF DEATH	Klamath
7b CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7c HOSPITAL OR OTHER INSTITUTION—NAME	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)	Indiana
9 CITIZEN OF WHAT COUNTRY	USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Leta Vanhook
12 WAS DECEDENT EVER IN U.S. ARMED FORCES?	Yes
13 SOCIAL SECURITY NUMBER	718 - 18 - 6492
14a USUAL OCCUPATION	Conductor - Retired
14b KIND OF BUSINESS OR INDUSTRY	Burlington Northern R.R.
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	9990 Delinger Lane 97601
15e Inside City Limits (specify yes or no)	No
16 FATHER—NAME	Clark - Vanhook
17 MOTHER—Maiden Name	Amanda - Moody
18 INFORMANT—NAME and relationship to deceased	Leta Vanhook (Wife)
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Entombment
19b CEMETERY OR CREMATORY—NAME	Haven of Rest Mausoleum
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, Ore. 97601
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	Kenneth K. Magee M.D.
21b DATE SIGNED (Mo., Day, Yr.)	11-16-78
21c HOUR OF DEATH	7:00 P. M
21d CERTIFIER—NAME AND TITLE (Type or print), MAILING ADDRESS	Kenneth K. Magee, M.D., Medical Dental Building, Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	NOV 20 1978
22b REGISTRAR (Signature)	Marian Ackerman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I	Cause	Interval between onset and death
(a)	Respiratory Arrest	minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	Pulmonary Insufficiency	days
(c) DUE TO, OR AS A CONSEQUENCE OF:	Carcinoma of lung	7 months

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (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-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 Registrar

Date NOV 21 1978

VOID IF ALTERED

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

Ret: Leta Vanhook 9990 Dehlinger Ln. KFO

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of December A.D., 19 78 at 4:43 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 28250.

WM. D. MILNE, County Clerk

By Jacqueline J. Metler Deputy

FEE $3.00