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

Vol. M79 Page 420

Local File Number

CERTIFICATE OF DEATH

'79 JAN 5 AM 9 14

State File Number

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	DONALD WARREN STANTON
2. DATE OF DEATH (Month, Day, Year)	December 12, 1978
3. RACE (White, Black, American Indian, etc.) (Specify)	White
4. SEX	Male
5A. AGE—LAST BIRTHDAY (Years)	49
5B. UNDER 1 YEAR (Mos., Days)	
5C. UNDER 1 DAY (Hours, Min.)	
6. DATE OF BIRTH (Month, Day, Year)	March 21, 1929
7A. COUNTY OF DEATH	Jackson
7B. CITY, TOWN, OR LOCATION OF DEATH	Medford
7C. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.)	Rogue Valley Mem. Hosp.
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)	Pennsylvania
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married
11. SPOUSE (If married, widowed)	Mary J. Stanton
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)	Yes
13. SOCIAL SECURITY NUMBER	191-24-7002
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Roofer
14B. KIND OF BUSINESS OR INDUSTRY	Construction
15A. RESIDENCE—STATE	Oregon
15B. COUNTY	Klamath
15C. CITY, TOWN, OR LOCATION	Klamath Falls
15D. STREET AND NUMBER OR R.F.D.	4773 Greida Street 97601
15E. INSIDE CITY LIMITS (Specify yes or no)	No
16. FATHER—NAME (First, Middle, Last)	Byron - Stanton
17. MOTHER—MAIDEN NAME (First, Middle, Last)	Ruth - Yost
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Mary Jane Stanton, wife
19A. BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	Burial
19B. CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens
19C. LOCATION (City or Town, State)	Klamath Falls, Oregon 97601
20A. FUNERAL SERVICE LICENSEE, OR PERSON ACTING AS SUCH—SIGNATURE	William F. Davenport
20B. NAME AND ADDRESS OF FACILITY	DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION — MEDICAL EXAMINER

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Field	Entry
21A. DEATH OCCURRED (Hour)	12:30 A.M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year)	Dec 12 1978
21C. (Hour)	1:00 A.M.
FROM: NATURAL CAUSES	X
ACCIDENT / SUICIDE / HOMICIDE / UNDETERMINED / PENDING	
21D. CERTIFIER—SIGNATURE	James H. Jackson MD
21E. NAME (Type or print) / DEGREE OR TITLE	JAMES H. JACKSON, MD
21F. MEDICAL EXAMINER FOR COUNTY	Klamath
21G. DATE SIGNED (Month, Day, Year)	12/20/78
22A. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)	DECEMBER 26, 1978
22B. REGISTRAR (Signature)	Herbert R. Kearns MD

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)

Part	Cause	Interval between onset and death
I (a)	Massive pulmonary hemorrhage	minutes
(b) Due to, or as a consequence of:	Infiltrating small cell carcinoma R upper lobe bronchus	year
(c) Due to, or as a consequence of:		
II. Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)	Massive bone marrow metastases, pulmonary tuberculosis	

24. AUTOPSY (Specify yes or no): Yes

Field	Entry
25A. DATE OF INJURY (Month, Day, Year)	-
25B. HOUR	-
25C. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 23)	
25D. INJ. AT WORK (Specify yes or no)	NO
25E. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (Specify)	
25F. LOCATION (Street or R.F.D. No., City or Town, County, State)	-

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Ret: Mary J. Stanton 4773 Frieda K.F. Or.

Herbert R. Kearns MD
REGISTRAR, VITAL STATISTICS

DATE DEC 27 1978 (SEAL) BY Carla Rothrock

cah 3.00

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
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 4th day of January A.D., 1979 at 9:14 o'clock A.M., and duly recorded in Vol. M79 of Deeds on Page 420.

FEE $3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Metler Deputy