61274

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

Vol. M79 Page 1500

13
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1	First: Alfred	Middle: William	Last: Dias	DATE OF DEATH (month, day, year) 2	January 17, 1979
RACE White, Black, American Indian, etc.(specify) 3	White	SEX 4	Male	AGE—Last Birthday (years) 5a	73
				Under 1 year: mos 5b / days	Under 1 day: hours 5c / min.
DATE OF BIRTH (month, day, year) 6	August 26, 1905				
COUNTY OF DEATH 7a	Klamath	CITY, TOWN OR LOCATION OF DEATH 7b	Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c	Pres. Intercomm. Hospt.
If HOSP. OR INST. indicate DOA OP/Emer. Rm., Inpatient (Specify) 7d	Inpatient				
STATE OF BIRTH (If not in U.S.A., name country) 8	California	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married
SPOUSE (IF MARRIED, WIDOWED) 11	Ruth A. Dias	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No		
SOCIAL SECURITY NUMBER 13	552-01-8703	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Automobile Tire Sales Self-Emp.	KIND OF BUSINESS OR INDUSTRY 14b	Retail Automobile Tire
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 15d	5047 Ankeny St. 97601	Inside City Limits (specify yes or no) 15e	No		
FATHER—NAME first middle last 16	Alfred X. Dias	MOTHER—Maiden Name first middle last 17	Annie Syce	INFORMANT—NAME and relationship to deceased 18	Ruth A. Dias, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Cremation	CEMETERY OR CREMATORY—NAME 19b	Eternal Hills Crematory	LOCATION city or town, state 19c	Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or person acting As Such [Signature] 20a	[signature]	NAME AND ADDRESS OF FACILITY 20b	O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601		

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a [Signature] [signature]

DATE SIGNED [Mo., Day, Yr.] 21b 1/17/79

HOUR OF DEATH 21c 2:15 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]
21d Dave Seeley M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a JAN 17 1979

REGISTRAR 22b [Signature] [signature]

PART I — IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
23 (a)	Pulmonary Embolus	Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)		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) 24	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No)
	Coronary Insuff. 2 Prior CVA's.	No	No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc.(Specify) 26f	LOCATION 26g: STREET OR R.F.D. NO.	CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 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 [signature] Deputy Registrar

Date JAN 17 1979

VOID IF ALTERED

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

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 January A.D., 1979 at 10:12 o'clock A M., and duly recorded in Vol. M79, of Deeds on Page 1500.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy