61872

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

Vol. M79 Page 2473

22
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First JOHN	Middle PARK	Last TRIBE		2 DATE OF DEATH (month, day, year): January 19, 1979	
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last birthday (years): 61	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	6 DATE OF BIRTH (month, day, year): October 25, 1917
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 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): New York	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Mary Ruth Tribe		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 127 - 05 - 3947	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Soil Scientist - Retired		14b KIND OF BUSINESS OR INDUSTRY: Soil Conservation		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 144 Jay Street 97601		Inside City Limits (specify yes or no) 15e: Yes
16 FATHER—NAME first middle last: John Ezekial Tribe	17 MOTHER—Maiden Name first middle last: Hazel Grace Park		18 INFORMANT—NAME and relationship to deceased: Mary Ruth Tribe (Wife)		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematorium		19c LOCATION city or town state: Klamath Falls, Oregon		
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, Oregon 97601				
To be Completed by CERTIFYING PHYSICIAN Only: 21a. [Signature] [signature] M.D.	DATE SIGNED [Mo., Day, Yr.] 21b: 1-20-79	HOUR OF DEATH 21c: 8:40 A. M			
21d CERTIFIER — NAME AND TITLE (Type or print): Fletcher F. Conn, M.D.	MAILING ADDRESS (Street, city or town, state, zip): 1905 Main Street, Klamath Falls, Oregon 97601				
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 2 9 1979	22b REGISTRAR [Signature]: [signature]				

PART I

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

(a) Pulmonary embolism — Interval between onset and death: Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Phlebothrombosis left Leg — Interval between onset and death: 18 to

DUE TO, OR AS A CONSEQUENCE OF:

(c) Chronic thrombophlebitis — Interval between onset and death: 3 yrs

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): Yes	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	26o 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

RECEIVED JAN 30 1979 12:12 pm

Rel: Tribe
Ruth Jay
144 Jay
K.F.O.

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 29 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 30th day of January A.D., 19 79 at 12:12 o'clock P.M., and duly recorded in Vol M-79, of Deeds on Page 2473.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy