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

CERTIFICATE OF DEATH

Vol. 79 Page 2673PE
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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 1st day ofFebruary A.D., 19 79 at 11:00 o'clock P. M., and duly recorded in Vol. M79of Deeds on Page 2673

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha Gutsch Deputy

DECEASED—NAME		First	Middle	Last	State File Number
Delbert		Roy	Cummings		
RACE (Specify)	White	SEX	Male	AGE—Last birthday (years)	67
COUNTY OF DEATH	Klamath	CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Pres. Intercomm. Hospt.
STATE OF BIRTH (If not in U.S.A., name country)	Colorado	CITIZEN OF WHAT COUNTRY	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	10 Married
SOCIAL SECURITY NUMBER	522-18-4328	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14a Pipe Fitter	SPOUSE (IF MARRIED, WIDOWED)	11 Ila M. Cummings X
RESIDENCE—STATE	Oregon	COUNTY	15b Klamath	CITY, TOWN OR LOCATION	15c Klamath Falls
FATHER—NAME	Harvey Cummings	MOTHER—Maiden Name	Eva Darlin	STREET AND NUMBER OR R.F.D. ZIP	15d 1818 Portland St. 97601
BURIAL, CREMATION, REMOVAL, MAUS (Specify)	19a Burial	CEMETERY OR CREMATORY—NAME	19b Klamath Memorial Park	INFORMANT—NAME and relationship to deceased	18 Duane & Van Cummings, Sons
FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature)	20a <u>Mrs. O'Hair</u>	NAME AND ADDRESS OF FACILITY	20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	LOCATION	19c Klamath Falls, Oregon
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) <u>Jon S. Wayland</u>		DATE SIGNED (Mo., Day, Yr.)	21b January 29, 1979
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Jon S. Wayland, M.D.		HOUR OF DEATH	21c 9:45 A. M
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
21e Medical Dentl. Bld., Klamath Falls, Ore. 97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a JAN 29 1979		22b (Signature) <u>Jo Anne Pratt</u>			
23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]			
(a) <u>Anterior wall myocardial infarction</u>		Interval between onset and death			
(b) <u>Hypertension</u>		Interval between onset and death			
(c) <u>Invasive carcinoma</u>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
24 <u>Saddle embolus to lower extremities</u>					
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
26a	26b	26c	26d	24 No	25 No
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e		26f	26g		

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Jo Anne Pratt, Deputy RegistrarDate JAN 30 1979

VOID IF ALTERED

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