

63489

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

Vol. 79 Page 5019

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CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
1 RONALD		CARLTON		ROGERS	2 February 28, 1979	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	SEX	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
3 White	4 Male	5A 43	5B MOS. DAYS	5C HOURS MIN.	6 February 19, 1936	
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)		IF HOSP. OR INST. INDICATE DOA, OF/EMER, RM., INPATIENT (SPECIFY)	
7A Klamath	7B Near Bly		7C Pine Crest Estates		7D	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
8 Canada	9 U.S.A.	10 Married	11 Dianne C. Rogers		12 NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
13 546-52-2283		14A Heavy Duty Mechanist		14B Manufacturing		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
15A Oregon	15B Klamath	15C Bly	15D P.O. Box 138 97622		15E No	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED		
16 Ralph D. Rogers		17 Lillian M. Jordan		18 Dianne C. Rogers, wife		
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
19A Burial	19B Eternal Hills Memorial Gardens		19C Klamath Falls, Oregon 97601			
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE		NAME AND ADDRESS OF FACILITY				
20A William J. Davenport		20B 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:						
DEATH OCCURRED (MONTH, DAY, YEAR)	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		FROM:			
21A 12:10 P	21B February 28, 1979 12:10 P		21C NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
CERTIFIER—SIGNATURE			NAME—(TYPE OR PRINT)		DEGREE OR TITLE	
21D [Signature]			21E GEORGE R. NICHOLSON, MD			
MEDICAL EXAMINER FOR: Klamath		COUNTY	DATE SIGNED (MONTH, DAY, YEAR)			
21F			21G March 2, 1979			
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.)		REGISTRAR				
22A March 2, 1979		22D (SIGNATURE) [Signature]				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
PART I (A)		Widespread Carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH
(B)		Primary Carcinoma of lung				INTERVAL BETWEEN ONSET AND DEATH
(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 No
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)			
25A		25B	25C			
INJ. AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)			
25D	25E		25F			
RESERVED FOR REGISTRAR'S USE						

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 [Signature] Deputy Registrar
Date MAR 5 1979

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 6th day of March A.D., 19 79 at 1:56 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 5019.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy

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