

64385

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

Vol. 79 Page 6414

485

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME FIRST MIDDLE LAST Jesse B. Matthews		DATE OF DEATH (MONTH, DAY, YEAR) December 24, 1978	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE—LAST BIRTHDAY (YEARS) 61
COUNTY OF DEATH Klamath		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Pres. Intercomm. Hospt.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
SOCIAL SECURITY NUMBER 552-18-0233		SPOUSE (IF MARRIED, WIDOWED) Ruby F. Matthews	
RESIDENCE—STATE Oregon		KIND OF BUSINESS OR INDUSTRY Road Construction	
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		STREET AND NUMBER OR R.F.D. Box 106	
FATHER—NAME FIRST MIDDLE LAST Bert Matthews		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Minnie Bass	
BUTURAL CREMATION, REMOVAL, MAUS, (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—NAME M. O'Hair		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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 (HOUR) 11:15 P.		THE DECEDENT WAS PRONOUNCED DEAD (HOUR) 11:15 P.	
DATE Dec. 24, 1978		DATE Dec. 24, 1978	
CERTIFIER—SIGNATURE <i>George R. Nicholson</i>		NAME—(TYPE OR PRINT) George R. Nicholson	
MEDICAL EXAMINER FOR: Klamath		DATE SIGNED (MONTH, DAY, YEAR) January 4, 1979	
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) January 5, 1979		REGISTRAR <i>Marian Ackerman</i>	
IMMEDIATE CAUSE (A) Probable ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH	
(B) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
(C) DUE TO, OR AS A CONSEQUENCE OF:		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) No	
DATE OF INJURY (MONTH, DAY, YEAR) 25A		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25C	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

VS-187 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By *Marian Ackerman* Deputy Registrar

Date JAN 5 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 21st day of March A.D., 19 79 at 4:28 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 6414.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Beverly A. Ketch* Deputy