

64388

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

CERTIFICATE OF DEATH

Vol. 19, 1979 7264

DECEASED—NAME First Middle Last PAUL FRANKLIN VAN DUSEN		State File Number March 5, 1979	
RACE White, Black, American Indian, etc. (specify) White	SEX Male	AGE—Last birthday (years) 61	Under-1 year: mos. days Under-1 day: hours min.
COUNTY OF DEATH Klamath	CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) January 14, 1918
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	HOSPITAL OR OTHER INSTITUTION—NAME Klamath County Nursing Home
SOCIAL SECURITY NUMBER 1497-12-2540	USUAL OCCUPATION (one kind of work done during most of working life, even if retired) Mechanic	SPOUSE (IF MARRIED, WIDOWED) Leona M. Van Dusen	IF HOSP. OR INST. indicate DOA: Op./Ext. Bur. Patient (Specify) Inpatient
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	KIND OF BUSINESS OR INDUSTRY Farm Equipment
FATHER—NAME first middle last John Earl Van Dusen	MOTHER—Maiden Name first middle last Lela Augusta Wells	STREET AND NUMBER OR R.F.D. ZIP 2024 Fargo Street 97601	INSIDE CITY LIMITS (specify yes or no) No
BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	INFORMANT—NAME and relationship to deceased Leona M. Van Dusen, wife	WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No) Yes
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) William J. Davenport	NAME AND ADDRESS OF FACILITY DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601	LOCATION—city or town—state Klamath Falls, Oregon 97601	
CERTIFYING PHYSICIAN (Signature) Earle M. LeVernois, MD	DATE SIGNED (Mo., Day, Yr.) MAR 6 1979	HOUR OF DEATH 4:06	P M
CERTIFIER—NAME AND TITLE (Type or print) Earle M. LeVernois, MD	MAILING ADDRESS (Street, city or town, state, zip) 2628 Campus Drive, Klamath Falls, Oregon 97601		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 5 1979	REGISTRAR (Signature) Marian Ackerman		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) Cardio-Resp. Failure		Interval between onset and death Terminal	
(b) MCA (Cerebral)		Interval between onset and death Known 1 yr	
(c) Cs of Colon		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)			
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
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	
RESERVED FOR REGISTRAR'S USE			

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 Marian Ackerman Deputy Registrar
Date MAR 7 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
STATE OF OREGON; COUNTY OF KLAMATH, ssI hereby certify that the within instrument was received and filed for record on the 3rd day of April A.D., 19 79 at 11:36 o'clock A.M., and duly recorded in Vol. M79 of Deeds on Page 7264.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha Schelsch Deputy