STATE OF OREGON

65678 — 98 (Local File Number)

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 79 Page 8564 (State File Number)

1 DECEASED—NAME: FIRST JOHN; MIDDLE PERSHING; LAST DETROIT

2 DATE OF DEATH (MONTH, DAY, YEAR): March 29, 1979

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 60

5B UNDER 1 YEAR: MOS. / DAYS; 5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): January 2, 1919

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 & NO.): 5700 Altamont Dr.

7D IF HOSP. OR INST. INDICATE DOA, OP/EMER, INPATIENT (SPECIFY)

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): California

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SPOUSE (IF MARRIED, WIDOWED): Anna Lucille

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13 SOCIAL SECURITY NUMBER: 541 - 09 - 9486

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Switchman

14B KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Bonanza

15D STREET AND NUMBER OR R.F.D.: ✓ Route 1 - Box 226

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No

16 FATHER—NAME FIRST MIDDLE LAST: Phillip Adam Detroit

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Lula Salome Kelly

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: ✓ Lucille Detroit - Wife

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

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: WARDS - 1945 Main - 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.

21A DEATH OCCURRED (HOUR): 5:25 P.M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): March 29, 1979/5:40p M.

21C FROM: NATURAL CAUSES XX; ACCIDENT ☐; SUICIDE ☐; HOMICIDE ☐; UNDETERMINED ☐; PENDING ☐

21D CERTIFIER—SIGNATURE: [signature]

21E NAME—(TYPE OR PRINT) DEGREE OR TITLE: George R. Nicholson, M.D.

21F MEDICAL EXAMINER FOR: KLAMATH COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): April 2, 1979

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): April 2, 1979

22B REGISTRAR (SIGNATURE): Marian Ackerman

23 IMMEDIATE CAUSE — PART I (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))

(a) Probable Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: etc.

DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute Anterio myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic Heart Disease

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) — INTERVAL BETWEEN ONSET AND DEATH: yrs

24 AUTOPSY (SPECIFY YES OR NO): Yes

25A DATE OF INJURY (MONTH, DAY, YEAR): Mar. 29, 1979

25B HOUR: 5:24 p.m.

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Collapsed while driving pickup truck

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Altamont Drive

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 5700 Block Altamont Dr/Klamath Falls/Klamath Oregon

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 APR 10 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 18th day of April A.D., 19 79 at 1:44 o'clock P M., and duly recorded in Vol '79 of Deeds on Page 8564.

FEE $3.00

WM. D. MILNE, County Clerk

By Deneche A. Leloch Deputy