66293

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

Vol. M79 Page 9553

126
Local File Number

CERTIFICATE OF DEATH

State File Number

- 1 DECEASED—NAME: First GEORGE, Middle DANIEL, Last THOMAS
- 2 DATE OF DEATH (month, day, year): April 21, 1979
- 3 RACE White, Black, American Indian, etc. (specify): White
- 4 SEX: Male
- 5a AGE—Last birthday (years): 68
- 5b Under 1 year: mos. / days
- 5c Under 1 day: hours / min
- 6 DATE OF BIRTH (month, day, year): April 16, 1911
- 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 and number): Presby. Intercommunity Hospital
- 7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
- 8 STATE OF BIRTH (If not in U.S.A., name country): Nebraska
- 9 CITIZEN OF WHAT COUNTRY: U.S.A.
- 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
- 11 SPOUSE (IF MARRIED, WIDOWED): Audrey B. Thomas
- 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
- 13 SOCIAL SECURITY NUMBER: 541-16-4987
- 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic
- 14b KIND OF BUSINESS OR INDUSTRY: Auto Repair
- 15a RESIDENCE—STATE: Oregon
- 15b COUNTY: Klamath
- 15c CITY, TOWN, OR LOCATION: Klamath Falls
- 15d STREET AND NUMBER OR R.F.D., ZIP: 4856 Laverne Street 97601
- 15e Inside City Limits (specify yes or no): No
- 16 FATHER—NAME first middle last: George D. Thomas
- 17 MOTHER—Maiden Name first middle last: Martha -- Booth
- 18 INFORMANT—NAME and relationship to deceased: Audrey B. Thomas, wife
- 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
- 19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
- 19c LOCATION city or town, state: Klamath Falls, Oregon 97601
- 20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): William F. Davenport
- 20b NAME AND ADDRESS OF FACILITY: DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

- 21a (Signature): Kenneth K. Magee
- 21b DATE SIGNED (Mo., Day, Yr.):
- 21c HOUR OF DEATH: 12:35 A M
- 21d CERTIFIER — NAME AND TITLE (Type or print): KENNETH K. MAGEE, MD
- MAILING ADDRESS (Street, city or town, state, zip): Medical-Dental Bldg, 905 Main Street, Klamath Falls, Oregon 97601
- 21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
- 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 24 1979
- 22b REGISTRAR (Signature): Marian Ackerman

23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

	Cause	Interval between onset and death
(a)	Cardiac arrhythmia - arrest	Seconds
(b) DUE TO, OR AS A CONSEQUENCE OF:	Severe malnutrition of dehydration	Weeks
(c) DUE TO, OR AS A CONSEQUENCE OF:	Gastric ulcer & esophageal stricture	months

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Carcinoma of larynx

- 24 AUTOPSY (Specify Yes or No): No
- 25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No
- 26a ACCIDENT (Specify Yes or No):
- 26b DATE OF INJURY (Mo., Day, Yr.):
- 26c HOUR OF INJURY: M
- 26d DESCRIBE HOW INJURY OCCURRED:
- 26e INJURY AT WORK (Specify Yes or No):
- 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
- 26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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 24 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 27th day of April A.D., 1979 at 9:37 o'clock A. M., and duly recorded in Vol M-79 of Deeds on Page 9553

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Metler Deputy

csh
5.00