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

CERTIFICATE OF DEATH

Vol. 79 Page 9595PE
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DECEASED—NAME		First	Middle	Last	State File Number
1 <u>ANDREW</u>		<u>JACKSON</u>	<u>MANNING, JR.</u>	DATE OF DEATH (month, day, year) 2 <u>September 22, 1978</u>	
RACE White, Black, American Indian, etc. (specify) 3 <u>White</u>		SEX 4 <u>Male</u>	AGE—Last birthday (years) 5a <u>71</u>	Under 1 year 5b mos days Under 1 day 5c hours min	DATE OF BIRTH (month, day, year) 6 <u>April 18, 1907</u>
CITY, TOWN OR LOCATION OF DEATH 7a <u>Klamath</u>		CITY, TOWN OR LOCATION OF DEATH 7b <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c <u>Presbyterian Intercommunity</u>	
STATE OF BIRTH (if not in U.S.A., name country) 8 <u>Oregon</u>		CITIZEN OF WHAT COUNTRY 9 <u>USA</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Married</u>	
SOCIAL SECURITY NUMBER 13 <u>543 - 10 - 0764 - A</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Millworker - Retired</u>		SPOUSE (IF MARRIED, WIDOWED) 11 <u>Mildred T. Manning</u>	
RESIDENCE—STATE 15a <u>Oregon</u>		COUNTY 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>	KIND OF BUSINESS OR INDUSTRY 14b <u>Saw Mills</u>	
FATHER—NAME first middle last 16 <u>Andrew Jackson Manning</u>		MOTHER—Maiden Name first middle last 17 <u>Gertrude Richardson</u>		INFORMANT—NAME and relationship to deceased 18 <u>Mildred T. Manning (Wife)</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY—NAME 19b <u>Mt. Iaki Cemetery</u>		LOCATION city or town state 19c <u>near Klamath Falls, Oregon 97601</u>	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) 20a <u>[Signature]</u>		NAME AND ADDRESS OF FACILITY <u>Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601</u>			
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) <u>[Signature]</u>		NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <u>John D. Merryman, M.D., 303 Pine Street, Klamath Falls, Oregon 97601</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>Sept 22, 1978</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c <u>10:10 A.M.</u>		HOUR OF DEATH			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>SEP 26 1978</u>		REGISTRAR 22b (Signature) <u>[Signature]</u>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <u>Myocardial Infarction</u>		Interval between onset and death <u>5 min.</u>			
(b) <u>Coronary Artery Disease</u>		Interval between onset and death <u>30 min.</u>			
(c) <u>Other Significant Conditions</u>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 23 <u>None</u>		AUTOPSY (Specify Yes or No) 24 <u>No</u>		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) <u>No</u>	
ACCIDENT (Specify Yes or No) 26a <u>No</u>	DATE OF INJURY (Mo, Day, Yr.) 26b <u>None</u>	HOUR OF INJURY 26c <u>None</u>	DESCRIBE HOW INJURY OCCURRED 26d <u>None</u>		
INJURY AT WORK (Specify Yes or No) 26e <u>No</u>	PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) 26f <u>None</u>	LOCATION 26g <u>None</u>	STREET OR H.F.D. NO CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 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 [Signature] Deputy Registrar

Date

VOID IF ALTERED

SEP 27 1978

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 2:25 o'clock P M., and duly recorded in Vol. 79 of Deeds on Page 9595.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy