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

CERTIFICATE OF DEATH

66386 — Local File Number 128

State File Number

DATE OF DEATH (month, day, year): April 26, 1979

DATE OF BIRTH (month, day, year): March 29, 1911

1 DECEASED—NAME: First Ray; Middle L.; Last Garrison

2 AGE—Last birthday (years): 68 — Under 1 year: mos / days; Under 1 day: hours / min

3 SEX: Male

4 RACE (White, Black, American Indian, etc. (specify)): White

5a COUNTY OF DEATH: Klamath

5b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1200 Carlson Dr.

7a IF HOSP. OR INST. Indicate DOA, OP/Emer., Inp., Inpatient (Specify): —

7b STATE OF BIRTH (If not in U.S.A., name country): Colorado

7c CITIZEN OF WHAT COUNTRY: U.S.A.

8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

9 SPOUSE (IF MARRIED, WIDOWED): Alma S. Garrison

10 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

11 SOCIAL SECURITY NUMBER: 543-18-6827

12 KIND OF BUSINESS OR INDUSTRY: Education

13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): OIT Dept. Admin., Mechanical Engr.

14a STREET AND NUMBER OR R.F.D., ZIP: 1200 Carlson Dr. 97601

14b CITY, TOWN, OR LOCATION: Klamath Falls

14c COUNTY: Klamath

14d RESIDENCE—STATE: Oregon

14e Inside City Limits (specify yes or no): ✓

15 INFORMANT—NAME and relationship to deceased: Alma S. Garrison, Wife

16 FATHER—NAME first middle last: Charles L. Garrison

17 MOTHER—Maiden Name first middle last: Ada Freeman

18 LOCATION city or town state: Klamath Falls, Oregon

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

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

20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) ▶ [signature]

21b DATE SIGNED (Mo., Day, Yr.): April 26, 1979

21c HOUR OF DEATH: 1:00 A. M

21d CERTIFIER — NAME AND TITLE (Type or print): Steven K. Bidleman M.D.

MAILING ADDRESS (Street, city or town, state, zip): 2680 Uhrmann Rd., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by CERTIFYING PHYSICIAN Only

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 26 1979

22b REGISTRAR (Signature) ▶ [signature]

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

PART I
(a) IMMEDIATE CAUSE: Respiratory Arrest — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Pleural Effusion — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Carcinoma of The Pancreas — Interval between onset and death: 1 year

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

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

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-55412

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 [signature], Deputy Registrar
Date APR 26 1979

(SEAL)

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

3rd ch

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of Apr 11 A.D., 19 79 at 1:45 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 9737.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.00