STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH SERVICES DIVISION - BUREAU OF VITAL STATISTICS
OLYMPIA WASHINGTON

Vol. M-79 Page 13595

68738

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED

1 DECEASED—NAME (FIRST, MIDDLE, LAST): JOHN C ARGETSINGER
2 SEX: MALE
3 DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 12 1978
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. - SPECIFY): WHITE
5a AGE—LAST BIRTHDAY (YEARS): 62
5b IF UNDER 1 YEAR (MOS., DAYS): —
5c IF UNDER 1 DAY (HOURS, MIN.): —
6 DATE OF BIRTH (MONTH, DAY, YEAR): NOV. 19 1915
7a COUNTY OF DEATH: SAN JUAN
7b CITY, TOWN, OR LOCATION OF DEATH: FRIDAY HARBOR
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): NO
7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): AT HOME RR 4918 San Juan Drive
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): WISCONSIN
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): DORIS BROOKS
12 SOCIAL SECURITY NUMBER: 575 14 2878
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): OWNER MANAGER
13b KIND OF BUSINESS OR INDUSTRY: FURNITURE SALES
14a RESIDENCE—STATE: OREGON
14b COUNTY: KLAMATH
14c CITY, TOWN, OR LOCATION: KLAMATH FALLS
14d INSIDE CITY LIMITS (SPECIFY YES OR NO): NO
14e STREET AND NUMBER: 3829 S. 6th

USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

PARENTS

15 FATHER—NAME (FIRST, MIDDLE, LAST): ELMER L ARGETSINGER
16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): MABLE DORLAND

17a INFORMANT—NAME: Mrs DORIS ARGETSINGER
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3899 S. 6th KLAMATH FALLS, OREGON 97601

CAUSE OF DEATH

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE
(a) Acute myocardial infarction — 1 hr.
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)): Diabetes mellitus
AUTOPSY (YES OR NO): NO
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b DATE OF INJURY (MONTH, DAY, YEAR)
20c HOUR
20d HOW INJURY Ooccurred (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e INJURY AT WORK (SPECIFY YES OR NO)
20f PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. - SPECIFY)
20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIERS

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 10 - 12 - 78 TO (MONTH, DAY, YEAR) One visit only
21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): D.O.A.
21d I DID/DID NOT VIEW THE BODY AFTER DEATH: Did.
21e DEATH OCCURRED AT THE PLACE, ON THE (HOUR) AM/PM, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: AM 11:45
22a CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
22b HOUR OF DEATH
22c THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
23a CERTIFIER—NAME (TYPE OR PRINT): WALTER O. VOHLEHN
23b SIGNATURE: Walter O. Vohlehn
23c DEGREE OR TITLE: MD
23d DATE SIGNED (MONTH, DAY, YEAR): 10-13-78
23e MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P.O BOX 370 FRIDAY HARBOR WASHINGTON 98250

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b CEMETERY OR CREMATORY—NAME: ETERNAL HILLS HAVEN REST MAUSOLEUM
24c LOCATION (CITY OR TOWN, STATE): KLAMATH FALLS OREGON
24d DATE (MONTH, DAY, YEAR): OCTOBER 16 1978
24e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): EVANS & ENGDAHL FUNERAL CHAPEL 1105 32nd ANACORTES, WA. 98250
25a FUNERAL DIRECTOR—SIGNATURE
25b REGISTRAR—SIGNATURE
25c DATE RECEIVED BY LOCAL REGISTRAR

DSHS 9-181 (6-78) (HEA 67) (Formerly D.P. 8171)

3 cc

AFTER RECORDING RETURN TO: BOLVIN, BOLVIN & ASPELL 10 NORTH STATE STREET KLAMATH FALLS, OREGON 97601

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY PHOTOGRAPHIC OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.

FRED W. GOODRICH
State Registrar of Vital Statistics

By

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of June A.D., 19 79 at 8:47 o'clock A. M., and duly recorded in Vol. M-79, of Deeds on Page 13595.

FEE $3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Miller Deputy