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Local File Number

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

Vol. 79 Page 18773

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME FIRST MIDDLE LAST THOMAS OWEN MCGUIRE		2 DATE OF DEATH (MONTH, DAY, YEAR) July 9, 1979	
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	4 SEX Male	5A AGE—LAST BIRTHDAY (YEARS) 50	5B UNDER 1 YEAR UNDER 1 DAY MOS. DATE HOURS MIN.
6 COUNTY OF DEATH Curry	7A CITY, TOWN, OR LOCATION OF DEATH Gold Beach	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Pacific Ocean	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married	11 SPOUSE (IF MARRIED, WIDOWED) Joyce McGuire
12 SOCIAL SECURITY NUMBER 503 - 20 - 7990	13 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Millwright - disabled		14 KIND OF BUSINESS OR INDUSTRY Modoc Lumber Co.
15A RESIDENCE—STATE Oregon	15B COUNTY Klamath	15C CITY, TOWN, OR LOCATION Keno X	15D STREET AND NUMBER OR R.F.D. No numbers - Box 8
16 FATHER—NAME FIRST MIDDLE LAST Alvah J. McGuire	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mabel - Moore	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED Joyce McGuire (Wife)	
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial	19B CEMETERY OR CREMATORY—NAME Keno Cemetery	19C LOCATION CITY OR TOWN STATE Keno, Oregon 97627	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE Michael O'Gara			
20B NAME AND ADDRESS OF FACILITY Ward Funeral Home, Klamath Falls, Oregon 97601			
21 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 (MONTH, DAY, YEAR) 6:54 A.M. July 9, 1979 21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 8:15 A.M. July 9, 1979 21C FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐ 21D NAME—(TYPE OR PRINT) Michael O'GARA D.O. 21E MEDICAL EXAMINER SIGNATURE 21F COUNTY Curry 21G DATE SIGNED (MONTH, DAY, YEAR) 7-11-79 22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) July 11, 1979 22B REGISTRAR SIGNATURE			
23 IMMEDIATE CAUSE PART I (A) Drowning DUE TO, OR AS A CONSEQUENCE OF: (B) 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) DATE OF INJURY (MONTH, DAY, YEAR) July 9, 1979 25A INJ. AT WORK (SPECIFY YES OR NO) NO 25B PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Beat overturned Crossing Bar 25D LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) Mouth of Rogue River, Gold Beach, Oregon			

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON, COUNTY OF MULTNOMAH ss

DATE ISSUED JULY 30 1979

HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of August A.D., 1979 at 1:10 o'clock P.M., and duly recorded in Vol. 170 of Deeds on Page 18773.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernice Whitech Deputy