74244

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

Local File Number 313

# CERTIFICATE OF DEATH

Vol. 79 Page 22384

State File Number

DECEASED—NAME: 1 First JAMES; Middle CLARENCE; Last KING

2 DATE OF DEATH (month, day, year): September 16, 1979

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

4 SEX: Male

5a AGE—Last birthday (years): 78

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 11, 1901

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): Kl. Co. Nursing Home

7d If HOSP. OR INST., indicate DOA, OP/Emer., Am., Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country): Tennessee

9 CITIZEN OF WHAT COUNTRY: USA

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

11 SPOUSE (IF MARRIED, WIDOWED): Nellie King

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

13 SOCIAL SECURITY NUMBER: 541 - 09 - 9952

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rip Sawyer - Retired

14b KIND OF BUSINESS OR INDUSTRY: Chris Molding Mill

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3673 Hilyard 97601

15e Inside City Limits (specify yes or no): NO

16 FATHER—NAME first middle last: Joseph Marion King

17 MOTHER—Maiden Name first middle last: Mary Jane Douglas

18 INFORMANT—NAME and relationship to deceased: Nellie King (Wife) X

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]:

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., 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]: Raymond Tice M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 9-18-79

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

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Raymond Tice, M.D., Medical Dental Building, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 18 1979

22b REGISTRAR [Signature]: Marian Ackerman

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

PART I (a) Pneumonia — Interval between onset and death: 3 days

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

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

ACCIDENT [Specify Yes or No]: 26a

26b DATE OF INJURY [Mo, Day, Yr]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

24 AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]: No

INJURY AT WORK [Specify Yes or No]: 26e

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-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 Marian Ackerman, Deputy Registrar

Date SEP 19 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 20th day of September A.D., 19 79 at 10:57 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 22384.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Heloth Deputy