

75166

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. M79 Page 23811

23811

CERTIFICATE OF DEATH

Local File Number

State File Number

| | | | |
|--|---|---|---|
| DECEASED—NAME FIRST MIDDLE LAST RONALD LOWELL LEWIS | | DATE OF DEATH (MONTH, DAY, YEAR) September 7, 1979 | |
| RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White | SEX Male | AGE—LAST BIRTHDAY (YEARS) 31 | DATE OF BIRTH (MONTH, DAY, YEAR) August 4, 1948 |
| COUNTY OF DEATH Klamath | CITY, TOWN, OR LOCATION OF DEATH Hwy #140 (W) @ Eagle Ridge Rd | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Hwy #140 at Eagle Ridge Rd |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) West Virginia | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED Married | SPOUSE (IF MARRIED, WIDOWED) Waltraud Lewis |
| SOCIAL SECURITY NUMBER 566-70-7117 | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Cook | | KIND OF BUSINESS OR INDUSTRY Food Service |
| RESIDENCE—STATE Oregon | COUNTY Klamath | CITY, TOWN, OR LOCATION Klamath Falls | STREET AND NUMBER OR R.F.D. 5711 Lawanda 97601 |
| FATHER—NAME FIRST MIDDLE LAST Albert Edward Lewis | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST Betty Lou Tichenor | |
| BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial | | CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens | |
| FURNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY William J. Davenport | | Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601 | |
| 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: | | | |
| DEATH OCCURRED (MONTH, DAY, YEAR) September 7, 1979 | THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) September 7, 1979 | FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/> | DEGREE OR TITLE |
| CERTIFIER—SIGNATURE <i>[Signature]</i> | | NAME—(TYPE OR PRINT) George R. Nicholson, MD | |
| MEDICAL EXAMINER FOR: Klamath | | DATE SIGNED (MONTH, DAY, YEAR) September 14, 1979 | |
| DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) September 14, 1979 | | REGISTRAR (SIGNATURE) <i>[Signature]</i> | |
| PART I IMMEDIATE CAUSE (a) Crushing Injuries of Chest | | INTERVAL BETWEEN ONSET AND DEATH | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | AUTOPSY (SPECIFY YES OR NO) No | |
| DATE OF INJURY (MONTH, DAY, YEAR) September 7, 1979 | HOUR APPROX 1:30AM | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Auto crossed highway & hit boulder & turned over (driver) | |
| INJ. AT WORK (SPECIFY YES OR NO) No | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Highway | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) Near Milepost #51 Highway #140 Klamath Co., OR | |
| RESERVED FOR REGISTRAR'S USE | | | |

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 **SEP 18 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 2th day of October A.D., 1979 at 9:07 o'clock A M., and duly recorded in Vol. M79, of Reeds on Page 23811.

FEE \$3.50

WM. D. MILNE, County Clerk

By *[Signature]*, Deputy