

75260

CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
Alice Johnson					20 October 5, 1979
1 RACE White, Black, American Indian, etc. (Specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year	5 Under 1 day	6 DATE OF BIRTH (month, day, year)
White	Male	82	5b mos. days	5c hours min.	6 June 13, 1897
7a COUNTY OF DEATH	7b CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7c IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient (Specify)	
Klamath	Klamath Falls	Merle West Medical Center		7d Inpatient	
8 STATE OF BIRTH (If not in U.S.A. name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SPOUSE (IF MARRIED, WIDOWED)		11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Oregon	U.S.A.	Widowed	Elbert H. Johnson		12 No
13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14b KIND OF BUSINESS OR INDUSTRY			
540-78-8211	Housewife	Home Making			
15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN OR LOCATION	15d STREET AND NUMBER OR R.F.D., ZIP		15e Inside City Limits (Specify yes or no)
Oregon	Klamath	Klamath Falls	3047 Beverly Drive		Yes
16 FATHER—NAME first middle last	17 MOTHER—Maiden Name first middle last	18 INFORMANT—NAME and relationship to deceased		19 LOCATION city or town state	
John Hibbert	Mary Meyer	Viola Phelps - Daughter		Klamath Falls, Oregon	
20a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify)	20b CEMETERY OR CREMATORY—NAME	20c NAME AND ADDRESS OF FACILITY		20d DATE SIGNED (Mo., Day, Yr.)	
Burial	Eternal Hills Memorial Gardens	Hall's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601		10-8-79	
21a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	21b CERTIFIER—NAME AND TITLE (Type or Print)	21c MAILING ADDRESS (Street, city or town, state, zip)		21d HOUR OF DEATH	
	George B. Peden, M.D.	2610 Uhrmann Road Klamath Falls, Oregon 97601		1:05 A. M	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b REGISTRAR (Signature)			
OCT 10		J. Anne Pratt			
23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]			
(a) DUE TO, OR AS A CONSEQUENCE OF		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			
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No)		26 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	
Diabetes mellitus, Uncontrolled		No		No	
26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HYPOT OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		26e LOCATION
No					
26f INJURY AT WORK (Specify Yes or No)	26g PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26h STREET OR R.F.D. NO.		26i CITY OR TOWN STATE	
No					

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By J. Anne Pratt, Deputy Registrar
Date OCT 9 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 10th day of October A.D., 1979 at 3:11 o'clock P.M., and duly recorded in Vol M79 of Deeds on Page 23954.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernetha H. Hetch Deputy