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

CERTIFICATE OF DEATH

Vol. 79 Page 24923

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DECEASED—NAME		First Middle Last		SEX		AGE—Last birthday (years)		DATE OF DEATH (month, day, year)	
Harold		D.		Male		56		2 October 17, 1979	
RACE White Black American Indian etc. (specify)		White		SEX		AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)	
COUNTY OF DEATH		Klamath		CITY, TOWN OR LOCATION OF DEATH		Klamath Falls		6 August 26, 1923	
STATE OF BIRTH (if not in U.S.A. name country)		Oregon		CITIZEN OF WHAT COUNTRY		U.S.A.		HOSPITAL OR OTHER INSTITUTION—NAME	
SOCIAL SECURITY NUMBER		543-16-1528		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		Married		7c Merle West Medical Center	
RESIDENCE—STATE		Oregon		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		14a Truck Driver		SPOUSE (IF MARRIED—WIDOWED)	
FATHER—NAME first middle last		Lynn Harold Hayes		CITY, TOWN OR LOCATION		Klamath Falls		14b Kind of Business or Industry	
MOTHER—Maiden Name first middle last		Neva Mae Dimmitt		STREET AND NUMBER OR R.F.D. ZIP		15d 1864 Etna St. 97601		14c Pacific Motor Transport	
BURIAL, CREMATION, REMOVAL, MAUS (specify)		Burial		CEMETERY OR CREMATORY—NAME		19b Eternal Hills Memorial Gardens		18 Informant—NAME and relationship to deceased	
FUNERAL SERVICE LICENSE (Signature)		Mike Mai		NAME AND ADDRESS OF FACILITY		200 Hair's Funeral Chapel, 515 Pine Klamath Falls, Ore. 97601		19c Klamath Falls, Oregon	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21a James F. Novak, M.D., 1905 Main St., Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.)		21b 10/19/79		HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c 6:30 P.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22a OCT 19 1979		REGISTRAR	
IMMEDIATE CAUSE		CARDIAC ARRYTHMIA		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		ADENOCARCINOMA OF THE LUNG						30 min.	
DUE TO, OR AS A CONSEQUENCE OF:								2 yrs.	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)								Interval between onset and death	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						24 No	
RESERVED FOR REGISTRAR'S USE								25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	

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 Marian Ackerman Deputy Registrar
Date OCT 22 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 23rd day of October A.D., 19 79 at 11:50 o'clock A M., and duly recorded in Vol. 79 of Deeds on Page 24923.

FEE \$3.50

WM. D. MILNE, County Clerk

By Sherethand Nelson Deputy