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

412 (Local File Number)

CERTIFICATE OF DEATH

78-017836 (State File Number)

1. DECEASED—NAME: First: Elsie; Middle: J.; Last: Deaton
2. DATE OF DEATH (Month, Day, Year): November 7, 1978
3. RACE (White, Black, American Indian, Etc. (Specify)): White
4. SEX: Female
5A. AGE—Last Birthday (Years): 55
5B. If under 1 year: Months:
5C. If under 1 day: Hours: Min.:
6. DATE OF BIRTH (Month, Day, Year): January 6, 1923
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 & no.): Pres. Intercomm. Hospt.
7D. If hosp. or inst., indicate dead on arrival, inpatient, emergency room, or outpatient: Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Arkansas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If married, widowed): Willis C. Deaton
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 544-24-2474
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clipper Operator
14B. KIND OF BUSINESS OR INDUSTRY: Bosie Cascade: Lumber & Paper
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN, OR LOCATION: Chemult
15D. STREET AND NUMBER OR R.F.D.: Star Rt., Box 195 A 97731
15E. INSIDE CITY LIMITS? (Specify Yes or No): No
16. FATHER—NAME First, Middle, Last: Albert Jackson
17. MOTHER—MAIDEN NAME First, Middle, Last: Eller Brooks
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Willis C. Deaton, Husband
19A. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify): Burial
19B. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
19C. LOCATION—City or Town, State: Klamath Falls, Oregon
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—Signature and Title:
20B. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 9760

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I HAVE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A. DEATH OCCURRED (Hour): 9:50 P. M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour): November 7, 1978 9:50 P. M.
21C. FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]
21D. CERTIFIER—Signature and Date:
21E. NAME—(Type or Print): George R. Nicholson, M.D.
21F. MEDICAL EXAMINER FOR: Klamath County
21G. DATE SIGNED (Month, Day, Year): November 13, 1978
22A. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): Nov. 13, 1978
22B. REGISTRAR (Signature): Marion Johnson

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c).)
PART I (a) Probable Cerebral Vascular Accident
Due to, or as a consequence of:
(b) Hypertensive Cardiovascular Disease
Due to, or as a consequence of:
(c)
Interval between onset and death: (a) hours; (b) Yrs.

PART II. Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)
24. AUTOPSY (Specify Yes or No): No

25A. DATE OF INJURY (Month, Day, Year):
25B. HOUR:
25C. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23):
25D. WILL AT WORK (Specify Yes or No):
25E. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify):
25F. LOCATION (Street or R.F.D. No., City or Town, County, State):

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

VS-103 REV. 1-84

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED Oct. 24 1979

I 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.

Ref: 3773-Butte St.
City

STATE REGISTRAR

Mervin C. Haun

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of October A.D., 19 79 at 1:40 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 26418.

FEE $3.50

WM. D. MILNE, County Clerk

By Deputy