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

78267
400
Local File Number

m
Vol. 79 Page 28976

CERTIFICATE OF DEATH

State File Number

DECEASED NAME — First: Clifford — Middle: Addison — Last: Clayton

1 DATE OF DEATH: October 20, 1979

RACE (White, Black, American Indian, etc. (specify)) 3: White
SEX 4: Male
AGE — Last birthday (years) 5a: 56
Under 1 year 5b
Under 1 day 5c
DATE OF BIRTH (month, day, year) 6: November 4, 1922

COUNTY OF DEATH 7a: Klamath
CITY, TOWN OR LOCATION OF DEATH 7b: Klamath Falls
HOSPITAL OR OTHER INSTITUTION — NAME 7c: Merle West Medical Center
7d: Inpatient

STATE OF BIRTH (If not in U.S.A. name country) 8: California
CITIZEN OF WHAT COUNTRY 9: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married
SPOUSE (IF MARRIED, WIDOWED OR DIVORCED) — NAME 11: Sylvia C. Clayton
11a: Yes

SOCIAL SECURITY NUMBER 13: 541-18-2705
USUAL OCCUPATION (Type or print) 14a: Mgr. Retail Lumber Yard
KIND OF BUSINESS OR INDUSTRY 14b: Retail Lumber Sales

RESIDENCE — STATE 15a: Oregon
COUNTY 15b: Klamath
CITY, TOWN, OR LOCATION 15c: Klamath Falls
STREET AND NUMBER OR R.F.D. 15d: 4525 Bristol Ave.
ZIP 97601
15e: No

FATHER — NAME first middle last 16: Clyde H. Clayton
MOTHER — Maiden Name first middle last 17: Sylvia Emma Stang Preston
INFORMANT (NAME and relationship to deceased) 18: Sylvia C. Clayton, Wife

BURIAL, CREMATION, REMOVAL, MAUS (specify) 19a: Burial
CEMETERY OR CREMATORY NAME 19b: Klamath Memorial Park
LOCATION (City or Town, State) 19c: Klamath Falls, Oregon

FUNERAL DIRECTOR (Signature and Address) 20a: Merle O'Hair
NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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]
CERTIFIER — NAME AND TITLE (Type or print)
DATE SIGNED (Mo., Day, Yr.) 21b: November 1, 1979
MAILING ADDRESS (Street or R.F.D., City or Town, State, Zip) 21c: 10:50 P. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d: George R. Nicholson M.D. 2865 Daggett St., Klamath Falls, Oregon 97601

22a: Fletcher F. Conn M.D. 1905 Main St., Klamath Falls, Oregon 97601
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: NOV
REGISTRAR 22b [Signature]: JoAnne Pratt

PART I
23 IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) DUE TO, OR AS A CONSEQUENCE OF
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I.
24: Yes
25a: DATE OF INJURY (Mo., Day, Yr.)
25b: HOUR OF INJURY
25c: M
25d: Yes
25e: PLACE OF INJURY — At Home, Farm, Street, Factory, Office Building, etc. (Specify)
25f:
25g: STREET OR R.F.D., CITY OR TOWN, STATE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By JoAnne Pratt, Deputy Registrar
Date NOV - 1 1979
VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Returned
U.S. Soil Conservation Service
540 Main Street
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of December A.D., 19 79 at 4:41 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 28976.

FEE $3.50

WM. D. MILNE, County Clerk
By Dennetta D. Kolock, Deputy