

78601

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

Vol. 79 Page 29498

TYPE
PRINT
IN
INSTRUMENT
BOOKIDENT
DEATH
INSTRUMENT
BOOK

POSITION

OFFICER

SE OF
PATH5.
6.

DECEASED—NAME		First	Middle	Last	State File Number
LESTER		WILLIAM	HUTCHINSON		
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 DEATH (month, day, year)
White	Male	85	mos days	hours min	December 19, 1979
7a COUNTY OF DEATH	7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	7d	7e	7f DATE OF BIRTH (month, day, year)
Klamath	Klamath Falls	2500 Darrow Street			July 10, 1894
8 STATE OF BIRTH (if not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 SPOUSE (IF MARRIED, WIDOWED)	12	13
California	U.S.A.	Married	Vera Hutchinson		
14 SOCIAL SECURITY NUMBER	15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER OR R.F.D. NO.	15e ZIP CODE
541 - 10 - 8362	Oregon	Klamath	Klamath Falls	2500 Darrow Street	97601
16 FATHER—NAME first middle last	17 MOTHER—Maiden Name first middle last	18 INFORMANT—NAME and relationship to deceased	19a LOCATION	19b city or town	19c state
Harry Hutchinson	Mary Sienica	Vera Hutchinson - Wife	Klamath Falls, Oregon		
20a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	20b CEMETERY OR CREMATORY—NAME	20c NAME AND ADDRESS OF FACILITY	20d	20e	20f
Burial	Klamath Memorial Park	WARD'S - 1945 Main - Klamath Falls, Oregon 97601			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature)	21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH	21d	21e	21f
Jon S. Wayland, M.D. / 509 Medical-Dental Bldg / K. Falls, Or. 97601	December 19, 1979	1:45 A M			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	22b REGISTRAR	22c	22d	22e	22f
DEC 20 1979	Marian Ackerman				
23 PART I IMMEDIATE CAUSE	23b (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)				
Unknown. Possible cardiac disease					
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	24b (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)				
25 ACCIDENT [Specify Yes or No]	25a DATE OF INJURY (Mo., Day, Yr.)	25b HOUR OF INJURY	25c DESCRIBE HOW INJURY OCCURRED	25d AUTOPSY [Specify Yes or No]	25e WAS CASE REFERRED TO MEDICAL EXAMINER
No				No	Yes
26a INJURY AT WORK [Specify Yes or No]	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26c LOCATION	26d STREET OR R.F.D. NO.	26e CITY OR TOWN	26f 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 Marian Ackerman Deputy Registrar
Date DEC 21 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 26th day of December A.D., 19 79 at 2:29 o'clock P M., and duly recorded in Vol. 79 of Deeds on Page 29493.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernice A. Hiteck Deputy