79091

CERTIFIED COPY OF DEATH RECORD Vol. M 80 Page 354

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

738
Local File Number

# CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: FIRST John MIDDLE Ralph LAST Luscombe

2 DATE OF DEATH (MONTH, DAY, YEAR): June 16, 1978

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 66

5B UNDER 1 YEAR: MOS. DAYS; UNDER 1 DAY: HOURS MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): April 15, 1912

7A COUNTY OF DEATH: Marion

7B CITY, TOWN, OR LOCATION OF DEATH: Salem

7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 1322 Manbrin Dr.N.

7D IF HOSP. OR INST., INDICATE DOA, OPD/ER, INP., INPATIENT (SPECIFY): X

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (IN CAPITALS): Married

11 SPOUSE (IF MARRIED, WIDOWED): Clarice Luscombe

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

13 SOCIAL SECURITY NUMBER: 543-10-0502

14 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Plant Department (General)

15 KIND OF BUSINESS OR INDUSTRY: Telephone Utility

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D.: 2145 Darrow St.

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

16 FATHER—NAME FIRST MIDDLE LAST: Ralph Henry Luscombe

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Nellie Adams

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Clarice Luscombe, Wife X

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]

20B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

## CERTIFICATION — MEDICAL EXAMINER

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

21A DEATH OCCURRED (HOUR): 3:10 P. M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): June 16, 1978 3:10 P. M.

FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

21C CERTIFIER—SIGNATURE: [signature]

21D MEDICAL EXAMINER FOR: Marion COUNTY

21E NAME—(TYPE OR PRINT): Peter J. Batten, M.D. DEGREE OR TITLE

21F DATE SIGNED (MONTH, DAY, YEAR): June 21, 1978

22A DATE RECEIVED BY REGISTRAR (MO. DAY. YR.): June 21, 1978

22B REGISTRAR (SIGNATURE): [signature]

23 IMMEDIATE CAUSE — PART I (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C).)

(A) Coronary Artery Disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

INTERVAL BETWEEN ONSET AND DEATH

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

INTERVAL BETWEEN ONSET AND DEATH

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)

24 AUTOPSY (SPECIFY YES OR NO): No

25D INJ. 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-107 REV. 1-75

STATE OF OREGON
COUNTY OF MARION

S E A L

VOID IF ALTERED

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

DATE JUN 22 1978

REGISTRAR OF VITAL STATISTICS
By [signature] DEPUTY

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of January A.D., 1980 at 11:41 o'clock A M., and duly recorded in Vol M80 of Deeds on Page 354.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Welch Deputy