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

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First RICHARD Middle DOBRY Last HANNON

2 DATE OF DEATH (month, day, year): November 4, 1979

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 61

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): June 18, 1918

7a COUNTY OF DEATH: Linn

7b CITY, TOWN OR LOCATION OF DEATH: Harrisburg

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 655 N. 8th.

7d IF HOSP OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)

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 (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Doral Hannon

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 540-18-0989

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Teacher

14b KIND OF BUSINESS OR INDUSTRY: Education

15a RESIDENCE—STATE: Oregon

15b COUNTY: Linn

15c CITY, TOWN, OR LOCATION: Harrisburg X

15d STREET AND NUMBER OR R.F.D., ZIP: 655 N. 8th. 97446

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Richard K. Hannon

17 MOTHER—Maiden Name first middle last: Vlasta Dabry

18 INFORMANT—NAME and relationship to deceased: Doral Hannon Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Lane Crematorium

19c LOCATION city or town state: Eugene Oregon

20a FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]: Richard D Whitted

20b NAME AND ADDRESS OF FACILITY: Murphy Funeral Home, 480 W. 7th. Jct. City, 97448

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]: James V. Walker M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 11/8/79

21c HOUR OF DEATH: 11:05 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: James V. Walker M.D. 132 E. Broadway Eugene, Oregon 97401

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: November 13, 1979

22b REGISTRAR [Signature]: Janice Klett, Deputy

23 PART I IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Cardiac Arrest — Interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b) Asvd — Interval between onset and death: Years

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): Cancer of Prostate

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]
26a No	26b	26c M	26d	24 No	25 No
INJURY AT WORK [Specify Yes or No] 26e No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

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VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED JANUARY 21 1980

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.

STATE REGISTRAR

Marian E. 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 28th day of January A.D., 19 80 at 9:27 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 1675.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha D Fitsch Deputy