HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M80 Page 4108

81442 M

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME: First Joseph; Middle A.; Last Van Loon

DATE OF DEATH (month, day, year): February 22, 1980

DATE OF BIRTH (month, day, year): February 26, 1920

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

SEX: Male

AGE—Last birthday (years): 59

Under 1 year: mos. / days

Under 1 day: hours / min

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

COUNTY OF DEATH: Klamath

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

STATE OF BIRTH (If not in U.S.A., name country): Michigan

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

SPOUSE (IF MARRIED, WIDOWED): Alma F. Van Loon

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

SOCIAL SECURITY NUMBER: 366-18-7692

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Truck Driver

KIND OF BUSINESS OR INDUSTRY: Lumber Industry

RESIDENCE—STATE: Oregon

COUNTY: Klamath

CITY, TOWN, OR LOCATION: Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP: Rt. 3 Box 394 D

Inside City Limits (specify yes or no): No

FATHER—NAME first middle last: Anthony Van Loon

MOTHER—Maiden Name first middle last: Katherine Beebe

INFORMANT—NAME and relationship to deceased: Alma F. Van Loon - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

LOCATION city or town state: Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature): Merrill L. Reid

NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Oregon 9760

DATE SIGNED (Mo., Day, Yr.): 2/25/80

HOUR OF DEATH: 10:05 A.M.

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]: David Reederwud

NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. David D. Reeder 1900 Main St. Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 28 1980

REGISTRAR [Signature]: Shelia Marier

PART I — CAUSE OF DEATH [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE: (a) Carcinoma of Lung — Interval between onset and death: Months

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No) 24: No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No): No

ACCIDENT (Specify Yes or No) 26a

DATE OF INJURY (Mo. Day. Yr.) 26b

HOUR OF INJURY 26c

DESCRIBE HOW INJURY occurred 26d

INJURY AT WORK (Specify Yes or No) 26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f

LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marier, Deputy Registrar

Date February 28, 1980

VOID IF ALTERED

(SEAL) COUNTY CLERK OREGON

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 4th day of March A.D., 19 80 at 11:44 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 4108.

WM. D. MILNE, County Clerk

By Demetha Aldrich Deputy

FEE $3.50

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