

81902

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 80 Page 4883Local File Number 230

CERTIFICATE OF DEATH

DECEASED—NAME			First Middle Last			State File Number		
1 Milford Franklin Fuston						2 DATE OF DEATH (month, day, year) July 3, 1979		
RACE White, Black, American Indian, etc. (Specify)			SEX			AGE—Last birthday (years)		
White			Male			39		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)			DATE OF BIRTH (month, day, year)		
Klamath Falls			7c Klamath Co. Nursing Home			6 August 30, 1889		
STATE OF BIRTH (if not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
Kentucky			9 U.S.A.			10 Widowed		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
11 544-42-9476			14a Rancher			14b Cattle		
RESIDENCE—STATE			CITY, TOWN, OR LOCATION			STREET AND NUMBER OR R.F.D., ZIP		
15a Oregon			15b Klamath			15c Merrill		
FATHER—NAME first middle last			MOTHER—Maiden Name first middle last			INFORMANT—NAME and relationship to deceased		
16 Thomas Fuston			17 Susan Bray			18 Nellie King, Daughter		
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION city or town state		
19a Burial			19b Malin Community Cemetery			19c Malin, Oregon		
FUNERAL HOME LICENSEE OR DEALER Acting As Such			NAME AND ADDRESS OF FACILITY					
20a <i>Malin</i>			20b O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601					
To be Completed by CERTIFYING PHYSICIAN Only			I, the bear of my knowledge, death occurred at the time, date and place and due to the cause(s) stated			DATE SIGNED (Mo., Day, Yr.)		
21a (Signature) <i>Jon S. Wayland</i>			21b July 6, 1979			21c 2:10 A. M		
CERTIFIER—NAME AND TITLE (Type or Print)			MAILING ADDRESS (Street, city or town, state, zip)					
21d Jon S. Wayland, M.D.			21e Medical Dentl. Bld., Klamath Falls, Ore. 97601					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR					
22a JUL 6 1979			22b (Signature) <i>Marian Ackerman</i>					
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
a. <i>CA Bladder</i>								
b. DUE TO, OR AS A CONSEQUENCE OF								
c. DUE TO, OR AS A CONSEQUENCE OF								
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)								
AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO MEDICAL EXAMINER					
24 No			25 (Specify Yes or No) No					
DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
25a			25b			25c		
25d			25e			25f		
STREET OR R.F.D. NO.			CITY OR TOWN			STATE		
25g			25h			25i		

RESERVED FOR REGISTRAR'S USE

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON 97601

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

JUL 9 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 14th day of July, A.D., 19 79 at 3:05 o'clock P.M., and duly recorded in Vol. 130, of Books on Page 4013.FEE 1.50

WM. D. MILNE, County Clerk

By *Loretta A. Hetch* Deputy