

CERTIFICATE OF DEATH

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Local File Number <u>53</u>		State File Number	
DECEASED—NAME First Middle Last <u>Laron P. Griggs</u>		DATE OF DEATH (month, day, year) <u>2 February 17, 1980</u>	
1 RACE White, Black, American Indian, etc. (Specify) <u>White</u>	2 SEX <u>Male</u>	3 AGE—Last birthday (years) <u>71</u>	4 Under 1 year mos. days <u>5b</u>
5 Under 1 day hours min. <u>5c</u>	6 DATE OF BIRTH (month, day, year) <u>August 10, 1908</u>		7 HOSPITAL OR OTHER INSTITUTION—NAME (if not in with, give street and number) <u>Merle West Medical Center</u>
8 COUNTY OF DEATH <u>Klamath</u>	9 CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	11 SPOUSE (IF MARRIED, WIDOWED) <u>Erma J. Griggs</u>
12 STATE OF BIRTH (if not in U.S.A., name country) <u>Idaho</u>	13 CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <u>No</u>	15 SOCIAL SECURITY NUMBER <u>543-10-7492</u>
16 USUAL OCCUPATION (if retired) <u>Grocery Store Owner</u>	17 KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery</u>	18 RESIDENCE—STATE <u>Oregon</u>	
19 COUNTY <u>Klamath</u>	20 CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	21 STREET AND NUMBER OR R.F.D., ZIP <u>4447 LaVerne St. 97601</u>	22 INSIDE CITY LIMITS (Specify yes or no) <u>No</u>
23 FATHER—NAME first middle last <u>James F. Griggs</u>	24 MOTHER—Maiden Name first middle last <u>Maude Pratt</u>	25 INFORMANT—NAME and relationship to deceased <u>Erma J. Griggs, Wife</u>	
26 BURIAL, CREMATION, REMOVAL, MAUS, (Specify) <u>Burial</u>	27 CEMETERY OR CREMATORY—NAME <u>Eternal Hills Memorial Gardens</u>	28 LOCATION city or town state <u>Klamath Falls, Oregon</u>	
29 FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) <u>Mike Blair</u>	30 NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		
31 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a [Signature] <u>Everett E. Howard</u>	32 DATE SIGNED (Mo., Day, Yr.) <u>2-19-80</u>	33 HOUR OF DEATH <u>10:05 P.</u>	
34 NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Everett E. Howard M.D. 2622 Campus Dr., Klamath Falls, Oregon 97601</u>			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>FEB 19 1980</u>		37 REGISTRAR <u>Marian Ackerman</u>	
38 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <u>MYOCARDIAL INFARCTION</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>POLYCYTHEMIA</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>CHRONIC BRONCHITIS</u>			39 Interval between onset and death <u>Hours</u> <u>Years</u> <u>Years</u>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			40 AUTOPSY (Specify Yes or No) <u>No</u>
41 ACCIDENT (Specify Yes or No)			42 DATE OF INJURY (Mo, Day, Yr.)
43 HOUR OF INJURY <u>M</u>			44 DESCRIBE HOW INJURY OCCURRED
45 INJURY AT WORK (Specify Yes or No)	46 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	47 LOCATION	48 STREET OR R.F.D. NO. CITY OR TOWN STATE
49	50	51	52

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date FEB 19 1980

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 20th day of March A.D., 1980 at 4:34 o'clock P. M., and duly recorded in Vol. 78 of Books on Page 5328.FEE 11.00

WM. D. MILNE, County Clerk

By Deborah A. Heflich Deputy