

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

73-005963

138
Local File Number

DECEASED—NAME
First Middle Last
JYWEIL OLA AUSTIN

RACE White
White, Negro, American Indian, etc. (specify)

SEX Female
1. Male 2. Female

AGE—Last birthday (years)
5a. 62
Under 1 day 1 day 1 year 1 year 2 years 2 years 3 years 3 years 4 years 4 years 5 years 5 years 6 years 6 years 7 years 7 years 8 years 8 years 9 years 9 years 10 years 10 years 11 years 11 years 12 years 12 years 13 years 13 years 14 years 14 years 15 years 15 years 16 years 16 years 17 years 17 years 18 years 18 years 19 years 19 years 20 years 20 years 21 years 21 years 22 years 22 years 23 years 23 years 24 years 24 years 25 years 25 years 26 years 26 years 27 years 27 years 28 years 28 years 29 years 29 years 30 years 30 years 31 years 31 years 32 years 32 years 33 years 33 years 34 years 34 years 35 years 35 years 36 years 36 years 37 years 37 years 38 years 38 years 39 years 39 years 40 years 40 years 41 years 41 years 42 years 42 years 43 years 43 years 44 years 44 years 45 years 45 years 46 years 46 years 47 years 47 years 48 years 48 years 49 years 49 years 50 years 50 years 51 years 51 years 52 years 52 years 53 years 53 years 54 years 54 years 55 years 55 years 56 years 56 years 57 years 57 years 58 years 58 years 59 years 59 years 60 years 60 years 61 years 61 years 62 years 62 years 63 years 63 years 64 years 64 years 65 years 65 years 66 years 66 years 67 years 67 years 68 years 68 years 69 years 69 years 70 years 70 years 71 years 71 years 72 years 72 years 73 years 73 years 74 years 74 years 75 years 75 years 76 years 76 years 77 years 77 years 78 years 78 years 79 years 79 years 80 years 80 years 81 years 81 years 82 years 82 years 83 years 83 years 84 years 84 years 85 years 85 years 86 years 86 years 87 years 87 years 88 years 88 years 89 years 89 years 90 years 90 years 91 years 91 years 92 years 92 years 93 years 93 years 94 years 94 years 95 years 95 years 96 years 96 years 97 years 97 years 98 years 98 years 99 years 99 years 100 years 100 years

DATE OF DEATH (month, day, year)
2 April 19, 1973

DATE OF BIRTH (month, day, year)
6 December 7, 1910

CITY, TOWN, OR LOCATION OF DEATH
7a. Klamath Falls
Inside City Limits (specify yes or no)
7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME
(if not in U.S.A., name country)
7d. Ponderosa Nursing Home

CITIZEN OF WHAT COUNTRY
9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10. Married

NAME OF SPOUSE
11. Bruce M. Austin

KIND OF BUSINESS OR INDUSTRY
13b. At home

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
13a. Housewife

SOCIAL SECURITY NUMBER
12. 165-20-8772

RESIDENCE—STATE
14a. Oregon

COUNTY
14b. Klamath

CITY, TOWN, OR LOCATION
14c. Klamath Falls

Inside City Limits (specify yes or no)
14d. Yes

STREET AND NUMBER OR R.F.D.
14e. 135 North Wendling

FATHER—NAME first middle last
15. James Monroe Allen

MOTHER—Maiden Name first middle last
16. Annie Nora Taylor

17. Ralph H. Hensley (Son)

PART I DEATH WAS CAUSED BY:
(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

(a) Cardiac Arrest
due to, or as a consequence of:

(b) Coronary of Myocard (Papillary)
due to, or as a consequence of:

(c) _____

approximate interval between onset and death
5 min.
6 yrs.

PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)

18. _____

ACCIDENT (specify yes or no)
19a. No

DATE OF INJURY (month, day, year)
20a. _____

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, Item 18)
20b. _____

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20c. _____

LOCATION (street or R.F.D. No., city or town, county, state)
20d. _____

CERTIFICATION—PHYSICIAN
I attended the deceased from:
21. April 19, 1973
month day year

And Last Saw Him/Her Alive on:
22. April 19, 1973
month day year

I Did/Did Not view the body after death (specify)
23. Did not

DEATH OCCURRED (hour)
24. 12:25 P.M.

at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE
25. John D. Merryman, M.D.

NAME (type or print)
26. John D. Merryman, M.D.

DEGREE OR TITLE
27. M.D.

DATE SIGNED (month, day, year)
28. April 24, 1973

SOCIAL CREATION, REMOVAL NAME (specify)
29a. Burial

COUNTRY OR CREMATORY—NAME
29b. Eternal Hills

LOCATION
29c. Klamath Falls, Oregon

DATE (month, day, year)
29d. April 23, 1973

FUNERAL HOME—NAME AND ADDRESS
(street, city or town, state, zip)
30. Sara's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

DATE RECEIVED BY LOCAL REGISTRAR
31. APR 20 1973

DATE RECEIVED BY STATE REGISTRAR
32. APR 30 1973

STATE OF OREGON, COUNTY OF MULTNOMAH ss

DATE ISSUED May 16 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 RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

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 20th day of May A.D., 1980 at 1:59 o'clock P.M., and duly recorded in Vol. M80 of Deeds on Page 9229.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha Hetch Deputy