

DECEASED - NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
Lester		Leon	Deaton	May 27, 1980		
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	SEX	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
White	Male	39			November 7, 1940	
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)			
Klamath	Chiloquin		209 Church St.			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SPOUSE (IF MARRIED, WIDOWED)		IF MARRIED, OR INST. INDICATE DOA OF INPATIENT (SPECIFY)	
Oklahoma	U.S.A.	Married	Jo Ann Deaton		Yes	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	
447-40-7851	Millwright		Chiloquin Forest Products		No	
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.			
Oregon	Klamath	Chiloquin	209 Church St.			
FATHER - NAME - FIRST MIDDLE LAST	MOTHER - MAIDEN NAME - FIRST MIDDLE LAST	INFORMANT - NAME AND RELATIONSHIP TO DECEASED				
Clarence "Bud" Deaton	Imogene Broderick	Jo Ann Deaton - Wife				
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION CITY OR TOWN STATE				
Burial	Wyandotte Cemetery	Wyandotte, Oklahoma				
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE	NAME AND ADDRESS OF FACILITY					
<i>[Signature]</i>	O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, Ore. 97601					
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (HOUR)	THE DECEASED WAS PRONOUNCED DEAD		FROM:			
8:30 A.	MAY 27, 1980		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
CERTIFIER - SIGNATURE	DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
<i>[Signature]</i>	June 2, 1980		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
MEDICAL EXAMINER - SIGNATURE	REGISTRAR (SIGNATURE)		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
<i>[Signature]</i>	<i>[Signature]</i>		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐			
PART I - IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))						
(A) Probable Ventricular fibrillation						
(B) Old posterior & acute anterior myocardial infarction						
(C) Arteriosclerosis & heart disease						
PART II - OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
DATE OF INJURY (MONTH, DAY, YEAR)						
HOUR						
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)						
PLACE OF INJURY: AT HOME, FARM, (SPECIFY)						
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)						
RESERVED FOR REGISTRAR'S USE						
Go Ann Deaton						
P.O. Box 441						
Chiloquin, Or.						

ORIGINAL VITAL STATISTICS COPY

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 *[Signature]* Deputy Registrar

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 1st day of July A.D., 19 80 at 1:19 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 12164.

FEE \$3.50

WM. D. MILNE County Clerk

By *[Signature]* Deputy

330 cal