86357

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M80 Page 12222

203
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 DUANE	EUGENE	RADFORD	2 June 1, 1980

3 RACE White, Black, American Indian, etc.(specify)	4 SEX	5a AGE—Last birthday (years)	5b Under 1 year: mos / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year)
White	Male	52			October 1, 1927

7a COUNTY OF DEATH	7b CITY, TOWN OR LOCATION OF DEATH	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7d If HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient [Specify]
Klamath	Klamath Falls	West Medical Center	Inpatient

8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 SPOUSE (IF MARRIED, WIDOWED)	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]
Kansas	USA	Married	Ruth Marie Radford	Yes

13 SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14b KIND OF BUSINESS OR INDUSTRY
510 - 20 - 0215	Meter Reader	Pacific Power & Light Company

15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no) 15e
Oregon	Klamath	Klamath Falls	5510 Villa Drive 97601 X	No

16 FATHER—NAME first middle last	17 MOTHER—Maiden Name first middle last	18 INFORMANT—NAME and relationship to deceased
James Radford	Saphronia Moore	Ruth Marie Radford (Wife) X

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	19b CEMETERY OR CREMATORY—NAME	19c LOCATION city or town state
Burial	Eternal Hills Memorial Gardens	Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE OR person Acting As Such [Signature]	20b NAME AND ADDRESS OF FACILITY
[signature]	Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

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]	21b DATE SIGNED [Mo., Day, Yr.]	21c HOUR OF DEATH
[signature] M.D.	Dec 4 1980	7:15 A.M

CERTIFIER — NAME AND TITLE (Type or print) | MAILING ADDRESS (Street, city or town, state, zip)

21d Fletcher F. Conn, M.D., 1905 Main Street, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a	REGISTRAR 22b [Signature]
JUN 4 1980	[signature]

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

		Interval between onset and death
(a)	Cardiac tuberculomonary perfusion	immediate
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	Carcinoma of the lung with metastases	4 Mo
DUE TO, OR AS A CONSEQUENCE OF:		
(c)		

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

24 AUTOPSY [Specify Yes or No]	25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No]
No	No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
No			

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

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 [signature], Deputy Registrar
Date JUN 6 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 ~~2nd~~ day of July A.D., 19 80 at 9:19 o'clock A M., and duly recorded in Vol ~~M80~~, of Deeds on Page 12222.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Hitch Deputy