STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

86888 Vol. M80 Page 13063

229 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 Dean	G.	Callas Sr.	2 June 20, 1980

RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year: mos. / days	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 55	5b	5c	6 August 24, 1924

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

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)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 California	9 U.S.A.	10 Married	11 Frances S. Callas	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 546-62-4141	14a Farmer	14b Farming

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a California	15b Siskiyou	15c Tulelake	15d Rt. 1, Box 5 96134	15e No

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 George Callas	17 Mae Day	18 Frances S. Callas, Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Mausoleum	19b Eternal Hills Haven of Rest Mausoleum	Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY
20a Mike Mac	20b O'Hair's Funeral Chapel, 516 Pine, Klamath Falls, Ore. 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]	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
D. Seeley MD	21b 6/23/80	21c 12:40 P. M

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

21d Dave Seeley M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	REGISTRAR
22a JUN 24 1980	22b [Signature] Marian Ackerman

PART I

	23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Interval between onset and death
(a)	Pulmonary Embolus - recurrent	Immed.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Myocardial infarction - subendocardial	4 days
DUE TO, OR AS A CONSEQUENCE OF: (c)	BACTERIAL ENDOCARDITIS	Unknown

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

AUTOPSY (Specify Yes or No) 24	WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No)
No	No

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

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

RESERVED FOR REGISTRAR'S USE

VS-2 Rev 8-78 P-65412

Jim Creamer
435 Main
K. Falls, Or.

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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy Registrar
Date JUN 24 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 14th day of July A.D., 19 80 at 4:31 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 13063.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Aletsch Deputy