

CERTIFICATE OF DEATH

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1. RACE AND ETHNIC ORIGIN White		2. SEX Male		3. AGE LAST BIRTHDAY (YEARS) 64		4. DATE OF DEATH (MONTH, DAY, YEAR) May 16, 1980	
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7. HOSPITAL OR OTHER INSTITUTION 2443 Hope Street		8. DATE OF BIRTH (MONTH, DAY, YEAR) March 29, 1916	
9. STATE OF BIRTH Idaho		10. CITIZEN OF WHAT COUNTRY USA		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		12. SPOUSE (IF MARRIED, WIDOWED) Mildred Dutton	
13. SOCIAL SECURITY NUMBER 518-07-3645		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Driver - retired		15. KIND OF BUSINESS OR INDUSTRY Greyhound Bus Lines		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No	
17. RESIDENCE - STATE Oregon		18. COUNTY Klamath		19. CITY, TOWN, OR LOCATION Klamath Falls		20. STREET AND NUMBER OR R.F.D. 2443 Hope Street	
21. FATHER - NAME FIRST, MIDDLE, LAST William Dutton		22. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Jessie Dawson		23. INFORMANT - NAME AND RELATIONSHIP TO DECEASED William Dutton (Son)		24. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
25. BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial		26. CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens		27. LOCATION CITY OR TOWN Klamath Falls, Oregon		28. STATE 97601	
29. I CERTIFY THAT I HAVE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:							
30. DEATH OCCURRED (HOUR) Found		31. THE DECEDENT WAS PRONOUNCED DEAD (HOUR) 12:10 P.M.		32. YEAR 1980		33. FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
34. CERTIFIER - SIGNATURE Michael Cummings, M.D.		35. NAME - (TYPE OR PRINT) Michael Cummings, M.D.		36. DATE SIGNED (MONTH, DAY, YEAR) 5/23/80		37. DEGREE OR TITLE	
38. DATE RECEIVED BY REGISTRAR (MO, DAY, YR) May 23, 1980		39. REGISTRAR Marian Ackerman		40. SIGNATURE Marian Ackerman		41. INTERVAL BETWEEN ONSET AND DEATH minutes	
42. PART I (A) hypoxia		43. PART I (B) Pulmonary Edema		44. PART I (C) Cardiac Insufficiency etiology pending		45. INTERVAL BETWEEN ONSET AND DEATH minutes hrs.	
46. PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) None		47. DATE OF INJURY (MONTH, DAY, YEAR) None		48. HOUR None		49. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) None	
50. INJ. AT WORK (SPECIFY YES OR NO) None		51. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. None		52. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) None		53. AUTOPSY (SPECIFY YES OR NO) Yes	
54. RESERVED FOR REGISTRAR'S USE							

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

VOID IF ALTERED MAY 27 1980

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 10th day of September A.D., 19 80 at 2:53 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 17153.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha Hellock Deputy