

99156

STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

Vol. M8/ Page 7911

## CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		State File Number	
EARL		DAVID		CESSNUN				DATE OF DEATH (month, day, year) 2 May 2, 1981	
1 RACE White, Black, American Indian, etc. (specify) 3 White		2 SEX 4 Male		3 AGE—Last birthday (years) 5a 70		Under 1 year 5b mos days		Under 1 day 5c hours min	
6 CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center		7c IF HOSP. OR INST. Indicate DOA, OP, Emer, Res, Impaired (Specify) 7c Emer. Rm.		8 DATE OF BIRTH (month, day, year) 6 May 15, 1910		9 COUNTY OF DEATH 7d Klamath	
10 STATE OF BIRTH (If not in U.S.A., name country) 8 Oregon		11 CITIZEN OF WHAT COUNTRY 9 U.S.A.		12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		13 SPOUSE (IF MARRIED, WIDOWED) 11 Vienna J. Salo		14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
15 SOCIAL SECURITY NUMBER 13 543-10-4610		16 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Contract Carloader		17 KIND OF BUSINESS OR INDUSTRY 14b Lumber Mill					
18 RESIDENCE—STATE 15a Oregon		19 COUNTY 15b Klamath		20 CITY, TOWN, OR LOCATION 15c Klamath Falls		21 STREET AND NUMBER OR R.F.D., ZIP 15d 5252 Harlan Drive 97601		22 Inside City Limits (specify yes or no) 15e No	
23 FATHER—NAME first middle last 16 John - Cessnun		24 MOTHER—Maiden Name first middle last 17 Mable - Cannon		25 INFORMANT—NAME and relationship to deceased 18 Vienna J. Cessnun, wife		26 LOCATION city or town state 19c Klamath Falls, Oregon 97601		27	
28 BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation		29 CEMETERY OR CREMATORY—NAME 19b Eternal Hills Crematory		30 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a William F. Davenport		31 NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97601		32	
33 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a (Signature) <i>Alden B. Glidden</i>		34 NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Alden B. Glidden, 2680 Uhrmann Road, Klamath Falls, Oregon 97601		35 DATE SIGNED (Mo., Day, Yr.) 21b 5-4-81		36 HOUR OF DEATH 21c 1:15 P M		37	
38 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Steven K. Bidleman, MD		39 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a MAY 4 1981		40 REGISTRAR 22b (Signature) <i>Claudia Francis</i>		41		42	
43 IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		44 [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] Cerebral Hemorrhage Cerebrovascular Disease Adult onset diabetes mellitus		45 Interval between onset and death Acute Chronic 6 months		46		47	
48 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		49 AUTOPSY (Specify Yes or No) 24 No		50 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No		51		52	
53 ACCIDENT (Specify Yes or No) 26a No		54 DATE OF INJURY (Mo., Day, Yr.) 26b		55 HOUR OF INJURY 26c M		56 DESCRIBE HOW INJURY OCCURRED 26d		57	
58 INJURY AT WORK (Specify Yes or No) 26e		59 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		60 LOCATION 26g		61 STREET OR R.F.D. NO. 26h		62 CITY OR TOWN 26i	
63 STATE 26j		64		65		66		67	
RESERVED FOR REGISTRAR'S USE									

HS-2 Rev-1-80

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 *Claudia Francis*, Deputy Registrar

Date MAY 4 1981

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

4th day of May A.D., 1981 at 1:30 o'clock p M., and duly recorded in

Vol M8bf Deeds on page 7911.

EVELYN BIEHN  
COUNTY CLERK

Fee \$ 3.50

By *Debra Gantz* deputy