1603

263
Local File Number

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

Vol. M81 Page 11950

CERTIFICATE OF DEATH

OHS—146

State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	RODNEY DAROLD COX
2. Date of Death (Month, Day, Year)	June 26, 1981
3. Race (White, Black, American Indian, etc.) (Specify)	White
4. Sex	Male
5A. Age—Last Birthday (Years)	32
6. Date of Birth (Month, Day, Year)	July 12, 1948
7A. City, Town, or Location of Death	Four Mile Lake
7B. Hospital or Other Institution—Name (If not in either, give street & no.)	off Highway 140 West
7C. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm, Inpatient (Specify)	—
7D. County of Death	Klamath
8. State of Birth (If not in U.S.A., name country)	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify)	Married
11. Spouse (If married, widowed)	Ruth Simmons Cox
12. Was Decedent Ever in U.S. Armed Forces? (Specify yes or no)	Yes
13. Social Security Number	541-60-0098
14A. Usual Occupation (Give kind of work done during most of working life, even if retired)	Millwright
14B. Kind of Business or Industry	Lumber Manufacturing
15A. Residence—State	Oregon
15B. County	Klamath
15C. City, Town, or Location	Klamath Falls
15D. Street and Number or R.F.D.	3831 Kelley Drive 97601
15E. Inside City Limits (Specify yes or no)	No
16. Father—Name (First, Middle, Last)	Robert C. Cox
17. Mother—Maiden Name (First, Middle, Last)	Ethel E. Hawkins
18. Informant—Name and Relationship to Deceased	Ruth M. Cox, wife
19A. Burial, Cremation, Removal, Maus. (Specify)	Burial
19B. Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19C. Location—City or Town, State	Klamath Falls, Oregon 97601
20A. Funeral Service Licensee or Person Acting as Such—Signature	William F. Davenport
20B. Name and Address of Facility	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

Certification — Medical Examiner

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Field	Entry
21A. Death Occurred (Hour)	Approx. 10:00 PM
21B. The Decedent was Pronounced Dead (Month, Day, Year, Hour)	June 27, 1981 9:19 A.M.
21C. From	Natural causes [ ] Homicide [ ] Accident [X] Undetermined [ ] Suicide [ ] Pending [ ]
21D. Certifier—Signature	[signature] MD
21E. Name (Type or print), Degree or Title	George R. Nicholson, MD
21F. Medical Examiner for County	Klamath
21G. Date Signed (Month, Day, Year)	JUN 30 1981
22A. Date Received by Registrar (Mo., Day, Yr.)	JUN 30 1981
22B. Registrar (Signature)	Claudia Francis

23. Part I — Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval Between Onset and Death
(a)	Drowning	
(b) Due to, or as a consequence of:		
(c) Due to, or as a consequence of:		

Part II — Other significant conditions — conditions contributing to death but not related to cause given in Part I (a):

Field	Entry
24. Autopsy (Specify yes or no)	No
25A. Date of Injury (Month, Day, Year)	June 26, 1981
25B. Hour	Approx. 10:00PM
25C. How Injury Occurred (Enter nature of injury in Part I or Part II, Item 23)	Boat accident on Four Mile Lake
25D. Injury at Work (Specify yes or no)	No
25E. Place of Injury at home, farm, street, factory, office bldg., etc. (Specify)	Lake
25F. Location (Street or R.F.D. No., City or Town, County, State)	Four Mile Lake, Klamath, Oregon

Reserved for Registrar's Use

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HS-107 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUN 30 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 1st day of July A.D., 19 81 at 2:21 o'clock P M., and duly recorded in Vol M81 of Deeds on Page 11950.

EVELYN BIEHN
COUNTY CLERK

Fee $ 3.50

By [signature] deputy