STATE OF OREGON — CERTIFICATE OF DEATH

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1728

Vital Records Unit

269 — Local File Number

State File Number

1 DECEDENT—NAME First	JOHN
Middle	L.
Last	IREY
2 DATE OF DEATH (month, day, year)	July 1, 1981
3 RACE (White, Black, American Indian, etc. (specify))	White
4 SEX	Male
5a AGE—Last birthday (years)	61
5b Under 1 year: mos.	
5c days / hours / min.	
6 DATE OF BIRTH (month, day, year)	April 2, 1920
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emgr., Fm., Inpatient (Specify)	Inpatient
7d COUNTY OF DEATH	Klamath
8 STATE OF BIRTH (If not in U.S.A., name country)	Idaho
9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Josephine Irby
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No
13 SOCIAL SECURITY NUMBER	535-14-2599
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Maintenance
14b KIND OF BUSINESS OR INDUSTRY	Lumber Mill
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	414 No. 6th Street 97601
15e Inside City Limits (specify yes or no)	Yes
16 FATHER—NAME first middle last	James H. Irby
17 MOTHER—Maiden Name first middle last	Anna Ruth Robin
18 INFORMANT—NAME and relationship to deceased	Josephine M. Irby, 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 L. Davenport
20b NAME AND ADDRESS OF FACILITY	Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601
21a 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. [Signature]	Byron T. Sagunsky
21b DATE SIGNED [Mo., Day, Yr.]	7/6/81
21c HOUR OF DEATH	4:12 P M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Byron T. Sagunsky, MD, 2300 Claimmont Dr., Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]	
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	JUL 6 1981
22b REGISTRAR [Signature]	Claudia Francis

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

(a) Pulmonary Thrombosis — Interval between onset and death: ? = 1 day or less

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinoma of the lung — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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): Yes

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

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

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date JUL 6 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 7th day of JULY A.D., 1981 at 9:20 o'clock A M., and duly recorded in Vol M 81, of DEEDS on page 12132.

EVELYN BIEHN
COUNTY CLERK

Fee $ 3.50

By Hazel Bagley deputy