3004

14135

Vol. M81 Page

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

CERTIFICATE OF DEATH

Local File Number | State File Number

1 DECEASED—NAME: First: Francis | Middle: Edward | Last: PIERCE

2 DATE OF DEATH (month, day, year): February 5, 1981

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 58

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): February 27, 1922

7a CITY, TOWN OR LOCATION OF DEATH: Portland, Oregon

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Veterans Administration

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Multnomah

8 STATE OF BIRTH (If not in U.S.A., name country): Wisconsin

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Lois Pierce

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 394 18 2798

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired

14b KIND OF BUSINESS OR INDUSTRY: U.S.A.F.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2161 Homedale 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Ernest A. Pierce

17 MOTHER—Maiden Name first middle last: Amelia Ruix

18 INFORMANT—NAME and relationship to deceased: Lois Pierce (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]

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 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]: H. Jacobsen

21b DATE SIGNED [Mo., Day, Yr.]: 2/6/87

21c HOUR OF DEATH: 11:20 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: H. JACOBSEN M.D. VETERANS ADMINISTRATION HOSPITAL 3710 S.W. U.S. Veterans Hospital Road Portland, Oregon 97201

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: HC BRIDE

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: FEB 20 1981

22b REGISTRAR [Signature]: James J. McAllister

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

PART I (a): Pneumonia — Interval between onset and death: 2

DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerosis of Heart — Interval between onset and death: 4 months

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]: Yes

26a ACCIDENT [Specify Yes or No]

26b DATE OF INJURY [Mo., Day, Yr.]

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

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 MULTNOMAH

Date FEB 20 1981

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

James J. McAllister
James J. McAllister
REGISTRAR OF VITAL STATISTICS

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the

10 day of Aug A.D., 1981 at 11:49 o'clock A M., and duly recorded in

Vol M81, of Deeds on page 14135

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK

By _____ deputy

Rel
Lois Pierce - 2161 Homedale Rd Cert