of Oregon
ON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 1008

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

8585 14
Local File Number — State File Number

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF DECEDENCE ITEMS

1 DECEASED—NAME (First / Middle / Last)	CARL	DUNCAN	GRAHAM	2 DATE OF DEATH (month, day, year): January 11, 1982
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last birthday (years): 73	5b Under 1 year (mos / days)	5c Under 1 day (hours / min)
6 DATE OF BIRTH (month, day, year): November 11, 1908				
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/Emer., Rm., Inpatient [Specify]: Inpatient	7d COUNTY OF DEATH: Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country): Washington	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Jimmie Dee	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: 537 - 16 - 1886	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Meat Cutter - Retired	14b KIND OF BUSINESS OR INDUSTRY: Retail Grocery Store		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 5080 Tingley Lane 97601	15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Donald Graham	17 MOTHER—Maiden Name first middle last: Cordelia Watenburg	18 INFORMANT—NAME and relationship to deceased: Jimmie Dee Graham - Wife		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	19c LOCATION city or town state: Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: James K. Parker	20b NAME AND ADDRESS OF FACILITY: Ward's / 1945 Main St. / Klamath Falls, Ore.		

CERTIFIER — 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]: Steven K. Bidleman MD	21b DATE SIGNED [Mo., Day, Yr.]: 1-11-82	21c HOUR OF DEATH: 12:28 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Steven K. Bidleman, M.D. 2680 Uhrmann Rd. Klamath Falls, Ore.

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 14 1982	22b REGISTRAR [Signature]: Edwina Francis

CAUSE OF DEATH

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

(a) Respiratory Arrest		Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b) Interstitial Pneumonia		Interval between onset and death: One Week
DUE TO, OR AS A CONSEQUENCE OF: (c) Encephalitis		Interval between onset and death: one week

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Protein-Calorie Malnutrition

24 AUTOPSY [Specify Yes or No]: No	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No	

26a ACCIDENT [Specify Yes or No]: 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]: 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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Edwina Francis, Deputy Registrar
Date JAN 15 1982
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 25 day of January A.D., 1982 at 2:48 o'clock p M., and duly recorded in Vol M 82 of Deeds on page 1008.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McClain Deputy