

8998

CERTIFICATE OF DEATH

Vol 82 Page 1654

Vital Records Unit

TYPE
IN PRINT
BY
PERMANENT
BLACK
INK
FOR
FUNCTIONS
SEE
HDSBOOK

EDENT
DEATH
CURIED IN
STITUTION
HDSBOOK
GARDING
PLETION OF
ONCE ITEMS

POSITION

92 FEB 9 1982

9

NOTIONS
EASY
GAVE
RISE TO
REGULATE
CORE
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DERLYING
USE LAST

USE OF
EATH

Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
First Middle Last JACK J DAWSON		2 January 9, 1982	
1 RACE White, Black, American Indian, etc. (specify)	2 SEX	3 AGE—Last birthday (years)	4 Under 1 year
White	Male	94	Under 1 day
5 CITY, TOWN OR LOCATION OF DEATH	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7a IF HOSP. OR INST. Indicate DOA, OPEmer, Rm, Inpatient (Specify)	7b DATE OF BIRTH (month, day, year)
Klamath Falls,	Kl. Co. Nursing Hm.	Inpatient	August 1, 1887
8 STATE OF BIRTH (If not in U.S.A., name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	11 COUNTY OF DEATH
Wisconsin	U.S.A.	Married	Klamath
12 SOCIAL SECURITY NUMBER	13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14a	14b
527-03-2701	Hod carrier - Retired		Construction
15a RESIDENCE—STATE	15b COUNTY	15c CITY, TOWN, OR LOCATION	15d STREET AND NUMBER OR R.F.D., ZIP
Oregon	Klamath	Klamath Falls	1535 Johnson St. 97601
16 FATHER—NAME first middle last	17 MOTHER—Maiden Name first middle last	18 INFORMANT—NAME and relationship to deceased	
John Joseph Dawson	Effie Mae Maylor	Lottie Dawson - Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS (specify)		19b CEMETERY OR CREMATORY—NAME	
Cremation		Eternal Hills Crematory	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20b NAME AND ADDRESS OF FACILITY	
Jan L. Langer		Ward's / 1445 Main St. / Klamath Falls, Ore.	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)		21b DATE SIGNED (Mo., Day, Yr.)	
Dave Seeley, M.D.		1/11/82	
21c NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d HOUR OF DEATH	
905 Main St. Klamath Falls, Oregon		2:20 A. M	
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)		22c	
Chadwick Francis			
23a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
Coronary vascular insult		5 years	
23b DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(a)			
(b)			
(c)			
24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No)	
		No	
26a ACCIDENT (Specify Yes or No)		26b DATE OF INJURY (Mo., Day, Yr.)	
No			
26c HOURS OF INJURY		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)	
No			
26g LOCATION		26h STREET OR R.F.D. NO	
26i CITY OR TOWN		26j STATE	
RESERVED FOR REGISTRAR'S USE			

Return
Lottie Dawson
1535 Johnson
K Falls, OR
97601

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 Chadwick Francis, Deputy Registrar
Date JAN 15 1982

STATE OF OREGON: COUNTY OF KLAMATH: SS
I hereby certify that the within instrument was received and filed for record on the 9 day of Feb. A.D., 19 82 at 3:28 o'clock P M and duly recorded in Vol M 82, of deeds on page 1654

EVELYN BIEHN COUNTY CLERK
by Joyce M. Thru Deputy

FEE \$4.00