

12415

198

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME First Middle Last Newton E. Weaver			DATE OF DEATH (month, day, year) June 1, 1982		
RACE (specify) White		SEX Male	AGE—Last birthday (years) 67		DATE OF BIRTH (month, day, year) October 5, 1914
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Merle West Medical Center		F HOSP. OR INST. Indicate DOA, OP, Emer., Pm., Inpatient (Specify) Inpatient	
STATE OF BIRTH (if not in U.S.A., name country) Kansas		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SOCIAL SECURITY NUMBER 486-26-0813		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Barber		SPOUSE (IF MARRIED, WIDOWED) Janis Weaver	
RESIDENCE—STATE Oregon		COUNTY Klamath		STREET AND NUMBER OR R.F.D. ZIP 2022 Abilene St. 97601	
FATHER—NAME first middle last Edward Benjamin Weaver		MOTHER—Maiden Name first middle last Jennie H. Lancaster		INFORMANT—NAME and relationship to deceased L. Janis Weaver, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Klamath Memorial Park		LOCATION city or town state Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Hair's Funeral Chapel, Inc., 515 Pine St. Klamath Falls,			
To be completed by CERTIFYING PHYSICIAN Only		DATE SIGNED (Mo., Day, Yr.) 6-3-82			
21a (Signature) <i>[Signature]</i>		21b Kenneth K. Magee		21c 2:45 P. M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 4 1982		REGISTRAR <i>[Signature]</i>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
(a) Respiratory Arrest		minutes			
(b) Massive Cerebral Vascular Thrombosis		1 day			
(c) Generalized atherosclerosis					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		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 KlamathThis 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 *[Signature]*, Deputy RegistrarDate JUN 4 1982

VOID IF ALTERED

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

7 day of June A.D., 1982 at 11:15 o'clock A M., and duly recorded inVol M82 of Deeds on page 7007.Fee \$ 4.00EVELYN BIEHN
COUNTY CLERKBy *[Signature]* Deputy