

CERTIFICATE OF DEATH

Vol. M82 Page 9171

Vital Records Unit

13712

258

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
JOHN		H.	RISKUS	2 July 12, 1982		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 70	5b mos	5c days	6 February 22, 1912
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Enter., Rm., Inpatient (Specify)		COUNTY OF DEATH
7a Klamath Falls		7b West Medical Center		7c Inpatient		7d Klamath
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Illinois		9 U.S.A.	10 Married	11 Joan M. Riskus		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 521-12-1284		14a Machinist		14b Railroad Transportation		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 2448 Madison Street		15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 John - Riskus		17 Zophy - Albutas		18 Joan M. Riskus, wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William F. Davenport		20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a (Signature) Raymond Tice MD		21b July 13 '82		21c 9:00 A M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Raymond Tice, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JUL 14 1982		22b (Signature) Claudia Francis				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
PART I (a) Certain sclerotic heart disease		6 mo				
(b) Generalized arteriosclerosis		Interval between onset and death				
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
24a No		24 No		25 No		
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
26a No		26b		26c		
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		
26a No		26f		26g		

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

By Claudia Francis, Deputy Registrar

Date JUL 14 1982

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH ::s

I hereby certify that the within instrument was received and filed for record on the 19 day of July A.D., 1982 at 1:00 o'clock p M, and duly recorded in Vol M 82, of Deeds on page. 9171

HEVELYN BIEHN COUNTY CLERK

by [Signature] Deputy

Fee \$ 4.00