of Oregon
SON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vol. M82 Page 10637

Vital Records Unit

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

14633 296
Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First: LOYD; Middle: ERNEST; Last: NEWLUN

2 DATE OF DEATH (month, day, year): August 3, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 87

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 10, 1895

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Kl.Co.Nursing Home

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): Nebraska

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Ruth

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

13 SOCIAL SECURITY NUMBER: 544 - 20 - 2905

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

14b KIND OF BUSINESS OR INDUSTRY: Aviation

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4314 Selma 97601

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

16 FATHER—NAME first middle last: George W. Newlun

17 MOTHER—Maiden Name first middle last: Addie Mae Knapp

18 INFORMANT—NAME and relationship to deceased: Hazel Hillman / Daughter

19a DISPOSITION, BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. 97601

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] M.D.: Kenneth Kibagee

21b DATE SIGNED [Mo., Day, Yr.]: AUG 11 1982

21c HOUR OF DEATH: 11:50 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 11 1982

22b REGISTRAR [Signature]: Claudia Francis

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

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

PART I (a) Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Rupture of Iliac Aneurysm & Hypovolemia — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(c) Enlarging " " — Interval between onset and death: Days

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Generalized atherosclerosis ASHD

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:

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

Hazel Hillman
4929 Summers Lane
K Falls

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 AUG 12 1982
VOID IF ALTERED

(SEAL)

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 16 day of August A.D., 19 82 at 12:49 o'clock p M and duly recorded in Vol M 82, of deeds on page 10637

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce McOmber Deputy