

CERTIFICATE OF DEATH

Vital Records Unit

Vol. 118 Page 10637

14633 296

Local File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED—NAME First Middle Last LOYD ERNEST NEWLUN			State File Number	
1 RACE White, Black, American Indian, etc. (specify) White			2 DATE OF DEATH (month, day, year) August 3, 1982	
3 SEX Male			4 AGE—Last birthday (years) 87	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls			6 DATE OF BIRTH (month, day, year) April 10, 1895	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Kl. Co. Nursing Home			7b IF HOSP. OR INST. indicate DOA, OP/Emr., Rm., Inpatient (Specify) Inpatient	
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 SOCIAL SECURITY NUMBER 544 - 20 - 2905			13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Pilot - Retired	
14a RESIDENCE—STATE Oregon			14b KIND OF BUSINESS OR INDUSTRY Aviation	
15a FATHER—NAME first middle last George W. Newlun			15b MOTHER—Maiden Name first middle last Addie Mae Knapp	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
18 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Kenneth K. Magee</i>			19 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. 97601	
20a NAME OF DECEASED Ernest Newlun			20b DATE SIGNED (Mo., Day, Yr.) AUG 11 1982	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon			21b HOUR OF DEATH 11:50 A M	
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21d	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 11 1982			22b REGISTRAR (Signature) <i>Claudia Farnsworth</i>	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death	
(a) Cardiac Arrest			minutes	
(b) Rupture of Aortic Aneurysm & Hypovolemia			minutes	
(c) Emphysema			Days	
24 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	
25 ACCIDENT (Specify Yes or No) No			WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a DATE OF INJURY (Mo., Day, Yr.) No			26b HOUR OF INJURY ASHD	
26c INJURY AT WORK (Specify Yes or No) No			26d DESCRIBE HOW INJURY OCCURRED LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f			26g	

RESERVED FOR REGISTRAR'S USE

Hazel Hillman
4929 Summers Lane
K Falls

HS-2 (Rev. 1/80)

STATE OF OREGON
County of Klamath

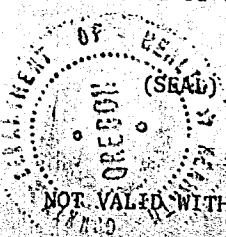
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Farnsworth, Deputy Registrar

Date AUG 12 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 16 day of August A.D., 1982 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 Dorcas McQuinn Deputy