Vol M82 page 13613

16302

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH 82 OCT 12 PM 2:22

82-42
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED—NAME	First: Dell	Middle: Ira	Last: Gregg	2 DATE OF DEATH (MONTH, DAY, YEAR)	October 1, 1982
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 30	UNDER 1 YEAR: MOS. / DAYS / HOURS / MIN.	5B / 5C
6 DATE OF BIRTH (MONTH, DAY, YEAR)	February 28, 1952				
7A CITY, TOWN, OR LOCATION OF DEATH	Silver Lake, Rural	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)	County Road #415-F	7C IF HOSP. OR INST., INDICATE DOA, OP(EMER, RM, INPATIENT (SPECIFY)	no
7D COUNTY OF DEATH	Lake				
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Jean Anne Gregg	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes		
13 SOCIAL SECURITY NUMBER	541-66-6763	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Heavy Equip. Operating Engineer	14B KIND OF BUSINESS OR INDUSTRY	Construction
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	3424 Granite St. ✓	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	No		
16 FATHER—NAME FIRST MIDDLE LAST	Jacob P. Gregg	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	Rosia E. Kimball	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Jean Anne Gregg, Wife ✓
19A 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	Mike Olsen	20B NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or		

DISPOSITION
1. ____
2. ____
3. ____

CERTIFIER
MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR)	10:10 P.M.	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	Oct. 1, 1982 10:10 pm
21B M.		FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21C NAME—(TYPE OR PRINT)	Terence J. Parr	DEGREE OR TITLE	M.D.
21D CERTIFIER—SIGNATURE MEDICAL EXAMINER FOR:	Terence J. Parr	21E COUNTY	Lake
21F DATE SIGNED (MONTH, DAY, YEAR)	Oct. 6, 1982		
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	October 6, 1982	22B REGISTRAR (SIGNATURE)	Peg Robson, deputy

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

CAUSE OF DEATH

PART I — (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))

		INTERVAL BETWEEN ONSET AND DEATH
23 IMMEDIATE CAUSE (A)	Acute cerebral death	immediate
DUE TO, OR AS A CONSEQUENCE OF: (B)	severe cerebral edema	immediate
DUE TO, OR AS A CONSEQUENCE OF: (C)	trauma from auto accident	immediate

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) — AUTOPSY (SPECIFY YES OR NO): Yes

24 Cardiac contusion, pulmonary edema

25A DATE OF INJURY (MONTH, DAY, YEAR)	Oct. 1, 1982	25B HOUR	10:00
25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	Auto accident - single car		
25D INJ. AT WORK (SPECIFY YES OR NO)	No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	rural dirt road
25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	County Road #415-F Silver Lake, Rural, OR		

STATE OF OREGON

COUNTY OF LAKE

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

BY: Peg Robson
DEPUTY REGISTRAR

(SEAL)

DATE October 6 1982

NOT VALID WITHOUT RAISED SEAL OF LAKE COUNTY HEALTH DEPARTMENT

Oct 4/

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 12 day of Oct A.D., 1982 at 2:22 o'clock P M., and duly recorded in Vol M82 of Deeds on page 13613.

EVELYN BIEHN
COUNTY CLERK

By Joyce McGuire deputy

Fee $4.00