20214

Vol. M83 Page 1924
82-020282

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

CERTIFICATE OF DEATH
ORS – 146

464 Local File Number

State File Number

1 DECEASED—NAME: JOHN (FIRST) BEN (MIDDLE) ADAIR (LAST)

2 DATE OF DEATH (MONTH, DAY, YEAR): December 17, 1982

3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 72

5B UNDER 1 YEAR: MOS. / DAYS

5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): February 10, 1910

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

7B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.): West Medical Center

7C IF HOSP. OR INST., INDICATE DOA, OR OTHER (SPECIFY): DOA Emer Rm

7D COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SPOUSE (IF MARRIED, WIDOWED): Edith Webster

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

13 SOCIAL SECURITY NUMBER: 543-07-2569

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retail Furniture Store

14B KIND OF BUSINESS OR INDUSTRY: Owner/operator

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D.: 7812 Reeder Road 97601

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No

16 FATHER—NAME (FIRST MIDDLE LAST): John – Adair

17 MOTHER—MAIDEN NAME (FIRST MIDDLE LAST): Linnie – Harrison

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Edith W. Adair, 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 97601

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: William F. Davenport

20B NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

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): Approx 4:55 P M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): December 17, 1982 5:50 P M.

21C FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21D CERTIFIER — SIGNATURE: [signature]

21E NAME (TYPE OR PRINT) DEGREE OR TITLE: George R. Nicholson, MD

21F MEDICAL EXAMINER FOR: Klamath COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): December 19, 1982

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): DEC 2 0 1982

22B REGISTRAR (SIGNATURE): [signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C).)

PART I

(A) DUE TO, OR AS A CONSEQUENCE OF: Multiple traumatic injuries of head, chest & abdomen — INTERVAL BETWEEN ONSET AND DEATH

(B) DUE TO, OR AS A CONSEQUENCE OF: — 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)

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR): December 17, 1982

25B HOUR: 4:55PM

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Pedestrian/Auto accident

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Street

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 7812 Reeder Road, Klamath Falls, Klamath, Oregon 9760

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

HS-187 REV. 1-80

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

DATE ISSUED JANUARY 25 1983

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH ;ss

I hereby certify that the within instrument was received and filed for record on the 8 day of Feb. A.D.,19 83 at 10:49 o'clock A M and duly recorded in Vol M83, of Deeds on page 1924

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McClure Deputy