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CERTIFICATE OF DEATH

83 JUL 8 PM 1:05

Vital Records Unit

25519 234

Local File Number

State File Number

DECEDENT

1. Name: First: JOY Middle: DALE Last: LIHS
2. Date of death (month, day, year): July 1, 1983
3. Race: White
4. Sex: Male
5a. Age—Last birthday (years): 73
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. Date of birth (month, day, year): October 25, 1909
7a. City, town or location of death: Klamath Falls
7b. Hospital or other institution—name (If not in either, give street and number): West Medical Center
7c. If hosp. or inst. indicate DOA, OP/Emer., Inp., 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): Married
11. Spouse (if married, widowed): Frieda U. Lihs
12. Was decedent ever in U.S. Armed Forces? (Specify Yes or No): No
13. Social Security Number: 556-20-8089
14a. Usual occupation (give kind of work done during most of working life, even if retired): Farmer
14b. Kind of business or industry: Agriculture
15a. Residence—State: Oregon
15b. County: Klamath
15c. City, town, or location: Klamath Falls
15d. Street and number or R.F.D., ZIP: 5503 Nightwood Drive 97603
15e. Inside City Limits (specify yes or no): Yes
16. Father—Name: first August middle — last Lihs
17. Mother—Maiden Name: first Josephine middle — last Seehatz
18. Informant—Name and relationship to deceased: Frieda Lihs, wife

DISPOSITION

19a. Burial, cremation, removal, means. (specify): Burial
19b. Cemetery or crematory—name: Mt. Laki Cemetery
19c. Location city or town state: Klamath Falls, Oregon 97603
20a. Funeral service licensee or person acting as such [Signature]: William L Davenport
20b. Name and address of facility: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603

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]: Kenneth K Magee
21b. Date signed [Mo., Day, Yr.]: 7-5-83
21c. Hour of death: 5:25 P.M
21d. Name and address of certifier [Type or Print]: Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 9760
21e. Name of attending physician if other than certifier [Type or Print]:

22a. Date received by registrar [Mo., Day, Yr.]: JUL 5 1983
22b. Registrar [Signature]: Claudia Francis

CAUSE OF DEATH

23. Immediate cause

PART I (a) [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]
Due to, or as a consequence of: Respiratory arrest - intermittent — Interval between onset and death: Days
(b) Due to, or as a consequence of: Cerebral Injury — Interval between onset and death: Days
(c) Due to, or as a consequence of: Ventricular fibrillation - ASHD — 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).

25a. Accident (Specify Yes or No)	25b. Date of injury (Mo., Day, Yr.)	25c. Hour of injury	25d. Describe how injury occurred	24. Autopsy (Specify Yes or No)	25. Was medical examiner notified (Specify Yes or No)
No				No	No

26a. Injury at work (Specify Yes or No)	26b. Place of injury—At home, farm, street, factory, office building, etc. (Specify)	26c. Location: Street or R.F.D. No.	City or town	State
NO				

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 8 1983

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 8 day of July A.D.,19 83 at 1:05 o'clock P M and duly recorded in Vol M 83 , of deeds on page 10825

FEE $4.00

EVELYN BIEHN COUNTY CLERK

by Sue Lewis Deputy