

27962

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 15296

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number

State File Number

| | | | |
|---|--|--|--|
| DECEASED—NAME First Middle Last ROYCE ARGEL PIERCE | | DATE OF DEATH (month, day, year) 2 August 25, 1983 | |
| RACE White, Black, American Indian, etc. (specify) 3 White | | SEX 4 Male | AGE—Last birthday (years) 5a 45 |
| CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center | IF HOSP. OR INST. Indicate DOA, OP, Emerg., Rm., Inpatient (Specify) 7c Inpatient |
| STATE OF BIRTH (If not in U.S., name country) 8 Texas | | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married |
| SOCIAL SECURITY NUMBER 13 449-52-5438 | | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Flight Engineer | SPOUSE (If married, widowed) 11 Mary Grace Hopking |
| RESIDENCE—STATE 15a Oregon | | COUNTY 15b Klamath | CITY, TOWN, OR LOCATION 15c Merrill |
| FATHER—NAME first middle last 16 Lloyd D. Pierce | | MOTHER—Maiden Name first middle last 17 Attoma — Anderson | STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 386 97633 |
| BURIAL, CREMATION, REMOVAL, MAUS, (specify) 19a Cremation | | CEMETERY OR CREMATORY—NAME 19b Eternal Hills Crematory | INFORMANT—NAME and relationship to deceased 18 Mary Grace Pierce, wife y |
| FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>William F. Davenport</i> | | NAME AND ADDRESS OF FACILITY 19c Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194 | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) 21a Byron T. Sagnusky, MD, 2300 Clairmont, Klamath Falls, Oregon 97601 | | DATE SIGNED (Mo., Day, Yr.) 21b August 25, 1983 | HOUR OF DEATH 21c 7:08 A M |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e | | | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a AUG 26 1983 | | REGISTRAR 22b (Signature) <i>Jacqueline E. Pruitt</i> | |
| PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | |
| (a) Upper Gastrointestinal Bleed | | Interval between onset and death Prob 1-2 hrs. | |
| (b) Probable stress ulcers | | Interval between onset and death Prob 1-2 days | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | | | |
| (c) Diabetes mellitus | | AUTOPSY [Specify Yes or No] 24 No | |
| ACCIDENT [Specify Yes or No] 26a No | | DATE OF INJURY (Mo., Day, Yr.) 26b | HOUR OF INJURY 26c |
| INJURY AT WORK [Specify Yes or No] 26e No | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f | DESCRIBE HOW INJURY OCCURRED 26d |
| RESERVED FOR REGISTRAR'S USE 26g | | LOCATION STREET OR R.F.D. NO. | CITY OR TOWN STATE |

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 *Jacqueline E. Pruitt*, Deputy Registrar

Date

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

HS-2 (Rev. 1/80)

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 8th day of September A.D., 1983 at 11:24 o'clock A M, and duly recorded in Vol M83, of Deeds on page. 15296

Fee \$ 4.00

EVELYN BIEHN COUNTY, CLERK
by *Bernetha A. Litch* Deputy