of Oregon
ON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 20722

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

31233
Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First JOSEPH; Middle ALFRED; Last MORAN

2 DATE OF DEATH (month, day, year): November 30, 1983

3 RACE White, Black, American Indian, etc. (specify): 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): July 17, 1910

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Cent.

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Mary

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 470 - 14 - 9956

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Sawyer - Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2511 Vine Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: George Moran

17 MOTHER—Maiden Name first middle last: Elizabeth Deloria

18 INFORMANT—NAME and relationship to deceased: Mary Moran - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Oregon

DISPOSITION

1. _____
2. _____
3. _____

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

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]: [signature] MD

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Lawrence Luppi, MD / 905 Main, Suite 405 / Klamath Falls, Oregon

21b DATE SIGNED [Mo., Day, Yr.]: 12/3/83

21c HOUR OF DEATH: 7:35 A M

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 30 1983

22b REGISTRAR [Signature]: [signature]

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).]

(a) IMMEDIATE CAUSE: Cardiopulmonary arrest — Interval between onset and death: Simultaneous

DUE TO, OR AS A CONSEQUENCE OF:

(b) Sepsis — Interval between onset and death: 30 min

DUE TO, OR AS A CONSEQUENCE OF:

(c) Dehydration — Interval between onset and death: 48 hours

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Pneumonia, Severe Alzheimer's Disease

23 ACCIDENT [Specify Yes or No]	24 DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]

26a INJURY AT WORK [Specify Yes or No]	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26c	26d

RESERVED FOR REGISTRAR'S USE

26g LOCATION: STREET OR R.F.D. NO. / CITY OR TOWN / STATE

21-2 (11/81)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date DEC 1 1983

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 5th day of December A.D., 19 83 at 1:22 o'clock P M, and duly recorded in Vol M83, of Deeds on page 20722.

Fee $ None

EVELYN BIEHN, COUNTY CLERK

by [signature] deputy