Oregon
STATE HEALTH DIVISION
Dept of Human Resources

31499

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 21196

441
Local File Number

DECEASED—NAME: 1 First: JOSEPH Middle: A. Last: BEAVER

State File Number

3 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Male
5a AGE—Last birthday (years): 74
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
2 DATE OF DEATH (month, day, year): December 5, 1983
6 DATE OF BIRTH (month, day, year): August 14, 1909
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 Center
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): Arkansas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Ruby A. Beaver
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 523-18-6274
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Bridge Foreman
14b KIND OF BUSINESS OR INDUSTRY: B.N. Railroad
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 1842 Summers Lane 97603
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Joseph H. Beaver
17 MOTHER—Maiden Name first middle last: Drucilla - Crabb
18 INFORMANT—NAME and relationship to deceased: Ruby A. Beaver, 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 O'Hair
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

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]: Thomas E. Klump M.D.
NAME AND ADDRESS OF CERTIFIER [Type or Print]
21b DATE SIGNED [Mo., Day, Yr.]: 12/6/83
HOUR OF DEATH 21c: 4:15 P. M
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: Thomas Klump, M.D., 2600 Clover St., Klamath Falls, Oregon 97601
21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 6 1983
22b REGISTRAR [Signature]: Katherine E Smith

PART I — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Pneumonia — Interval between onset and death: 4 DAYS
DUE TO, OR AS A CONSEQUENCE OF: (b): Glio BLASTOMA MULTIFORME OF BRAIN — Interval between onset and death: 4 Months
DUE TO, OR AS A CONSEQUENCE OF: (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).

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
			No	No

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26d DESCRIBE HOW INJURY OCCURRED	26g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

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 6 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 12th day of December A.D., 1983 at 2:49 o'clock P M, and duly recorded in Vol M83, of Deeds on page 21196.

Fee $ 4.00

EVELYN BIEHN, COUNTY CLERK
by [signature] deputy