36724

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

Vol. M84 Page 8193

172
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT NAME: 1 First: JOSEPH; Middle: H.; Last: PALMER

2 DATE OF DEATH (month, day, year): May 7, 1984

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): February 6, 1909

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mtn. 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): Ohio

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Dorothy

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

13 SOCIAL SECURITY NUMBER: 281-20-3569

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): News Stand Operator/owner

14b KIND OF BUSINESS OR INDUSTRY: Self Employed/Retail Sales

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 711 Washburn Way 97603

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

16 FATHER—NAME (first, middle, last): Cleveland Hendricks Palmer

17 MOTHER (first, middle, last, (Maiden Name)): Mame - St. Germaine

18 INFORMANT (NAME and relationship to deceased): Elaine Palmer Royer, daughter

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

19b CEMETERY OR CREMATORY NAME: Eternal Hills Crematory

19c LOCATION (City or town, State): Klamath Falls, Oregon

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 97603

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]: Robert Payne M D

21b DATE SIGNED (Mo. Day. Yr.): May 5, 1984

21c HOUR OF DEATH: 4:18 A.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Robert Payne, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): MAY 8 1984

22b REGISTRAR (Signature): Evelyn E Cravinho

23 IMMEDIATE CAUSE

PART I (a) Pneumonia — Interval between onset and death: 1 week

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerosis, generalized — Interval between onset and death: 1 year

DUE TO, OR AS A CONSEQUENCE OF

(c)

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

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Post C V A Status

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

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45.2 REV 12 83

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 Marian Ackerman, Deputy Registrar

Date MAY 10 1984

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 17th day of May A.D., 1984 at 2:55 o'clock P M, and duly recorded in Vol M84 of Deeds on page 8193.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: William Ganong, Lawyer Box 57 Klamath Falls, Oregon 97601