

## CERTIFICATE OF DEATH

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DECEASED—NAME		First		Middle		Last		State File Number	
1 VINTON		R.		DALTON				DATE OF DEATH (month, day, year)	
2 May 9, 1984								DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 82		5b Under 1 year		5c Under 1 day	
6 February 3, 1902									
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME		IF HOSP OR INST indicate DOA, OP Emer, Am, Inpatient (Specify)		COUNTY OF DEATH			
7a Klamath Falls		7b Mt. View Care Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Kentucky		9 U.S.A.		10 Married		11 Nettie Dalton		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 365-24-5966		14a R.R. Engineer		14b Railroad					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP		Inside City Limits (Specify Yes or No)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 3702 Homedale Rd.		15e No	
FATHER—NAME		MOTHER—NAME		INFORMANT—NAME and relationship to decedent					
16 George - Dalton		17 Nancy - Seagraves		18 Will Dalton, Son					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or town State					
19a Mausoleum		19b Haven of Rest Mausoleum		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
20a Mike Mc		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or							
To be Completed by CERTIFYING PHYSICIAN Only		To be Completed by CERTIFYING PHYSICIAN Only		To be Completed by CERTIFYING PHYSICIAN Only		To be Completed by CERTIFYING PHYSICIAN Only		To be Completed by CERTIFYING PHYSICIAN Only	
21a Alden Glidden, M.D., 2680 Uhrmann Rd., Klamath Falls, Oregon 97601		21b 5-10-84		21c 11:15 P. M					
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR							
22a MAY 10 1984		22b Marianne Ackerman							
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).							
PART I		(a) Sepsis		Interval between onset and death		Acute			
(b) U.T.I. from long term cath. usage		Interval between onset and death		Acute					
(c) Post stroke & hemiplegia, cerebral hemorrhage, apnea		Interval between onset and death		> 15 yrs					
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			
24 No		25 No							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN STATE	
26e		26f		26g					

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date MAY 11 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 8194.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00

by: Pam Smith, Deputy

Return: Nettie Dalton 3646 Summers Lane, Klamath Falls, Oregon 97603