42549

389   Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES Vol. M84 Page 18307
Vital Records Unit
CERTIFICATE OF DEATH

TYPE
PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED—NAME	First	Middle	Last	State File Number
1 JOHN	JOSEPH	SULLIVAN	

| RACE White, Black, American Indian, etc (specify) 3 White | SEX 4 Male | AGE—Last birthday (years) 5a 66 | Under 1 year mos 5b | days | Under 1 day hours 5c mn | DATE OF DEATH (month, day, year) 2 October 21, 1984 |

DATE OF BIRTH (month, day, year) 6 November 4, 1917

| CITY, TOWN OR LOCATION OF DEATH 7a Bly | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b Pinecrest Drive | IF HOSP. OR INST Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 7c | COUNTY OF DEATH 7d Klamath |

| STATE OF BIRTH (If not in U.S.A. name country) 8 Nebraska | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married | SPOUSE (IF MARRIED, WIDOWED) 11 Audrey Garvin | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes |

| SOCIAL SECURITY NUMBER 13 556-07-2346 | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Retail Clerk | KIND OF BUSINESS OR INDUSTRY 14b Owner/operator |

| RESIDENCE—STATE 15a Oregon | COUNTY 15b Klamath | CITY, TOWN, OR LOCATION 15c Bly | STREET AND NUMBER OR R.F.D., ZIP 15d P.O. Box 555 97622 | Inside City Limits (specify yes or no) 15e No |

| FATHER—NAME first middle last 16 John Joseph Sullivan, Sr | MOTHER—first middle last (Maiden Name) 17 Leuther — Hargus | INFORMANT—NAME and relationship to deceased 18 Audrey Garvin Sullivan, wife |

| BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial | CEMETERY OR CREMATORY NAME 19b Mt. Calvary Cemetery | LOCATION city or town 19c Klamath Falls, state Oregon |

| FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a William J. Davenport | NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194 |

To be Completed by CERTIFYING PHYSICIAN Only

| 21a (Signature) Thomas E. Klump MD | To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated | DATE SIGNED (Mo. Day. Yr.) 21b 10/23/84 | HOUR OF DEATH 21c 2:00 A M |

21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Thomas Klump, MD, 2600 Clover, Klamath Falls, Oregon 97601

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

| DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.) 22a OCT 24 1984 | REGISTRAR 22b (Signature) Katherine E. Crawinks |

CAUSE OF DEATH

PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) DUE TO, OR AS A CONSEQUENCE OF: METASTATIC CARCINOMA LUNG	Interval between onset and death 2 mos.
(b) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(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)

| ACCIDENT (Specify Yes or No) 26a No | DATE OF INJURY (Mo. Day. Yr.) 26b | HOUR OF INJURY 26c | DESCRIBE HOW INJURY OCCURRED 26d | AUTOPSY (Specify Yes or No) 24 No | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No |
| INJURY AT WORK (Specify Yes or No) 26e No | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f | | LOCATION 26g STREET OR R F D NO CITY OR TOWN STATE | | |

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By _____, Deputy Registrar
Date OCT 24 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 24th day of October A.D., 19 84 at 3:59 o'clock P M, and duly recorded in Vol M84 of Deeds on page 18307.

EVELYN BIEHN, COUNTY CLERK
by: _____, Deputy

Fee: $ 4.00 Index: $1.00

RETURN: Audrey Sullivan Box 555 Bly, Oregon