

43052

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

Vol. M84 Page 19066

## CERTIFICATE OF DEATH

Local File Number 410		State File Number November 4, 1984	
DECEASED—NAME First Middle Last JOHN M. CLARK		DATE OF DEATH (month, day, year) 2 November 4, 1984	
RACE (Specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 51	Under 1 year 5b mos days
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b 737 North 9th Street	DATE OF BIRTH (month, day, year) 6 November 7, 1932
STATE OF BIRTH (If not in U.S.A. name country) 8 Idaho	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Eldonna Tillman
SOCIAL SECURITY NUMBER 13 543-32-1362	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a ADJC Mechanic	KIND OF BUSINESS OR INDUSTRY 14b U. S. Navy	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 737 North 9th Street 97601
FATHER—NAME first middle last 16 Frank Jefferson Clark	MOTHER—first middle last (Maiden Name) 17 Audrey Marie Logue	INFORMANT—NAME and relationship to deceased 18 Eldonna Clark, wife	
BURIAL, CREMATION, REMOVAL, MAINE (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Oregon 97603	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a [Signature]	NAME AND ADDRESS OF FACILITY 20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Byron T. Sagnusky NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Byron T. Sagnusky, MD, 2300 Clairmont, Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr) 21b November 5, 1984	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr) 22a NOV 6 1984		REGISTRAR 22b [Signature] M. Ackerman	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Metastatic Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death ≈ 2-3 yrs. Interval between onset and death Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 23a No 23b No 23c No 23d No 23e No 23f No 23g No 23h No 23i No 23j No 23k No 23l No 23m No 23n No 23o No 23p No 23q No 23r No 23s No 23t No 23u No 23v No 23w No 23x No 23y No 23z No		AUTOPSY (Specify Yes or No) 24 No WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b	
HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
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 26h	
CITY OR TOWN 26i		STATE 26j	
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 [Signature] Deputy Registrar

Date NOV 6 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 9th day of November A.D., 19 84 at 9:45 o'clock A M, and duly recorded in Vol. M84 of Deeds on page 19066.

EVELYN BIEHN, COUNTY CLERK

by: [Signature] Deputy

Fee: \$ 4.00 Index: \$1.00

Return: Eldonna Clark 737 N. 9th St. Klamath Falls, Oregon 97601