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45518

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

CERTIFICATE OF DEATH

Local File Number: 7 | State File Number:

DECEDENT—NAME (First / Middle / Last)	ORVAL / LEE / LONDON	DATE OF DEATH (month, day, year) 2	January 6, 1985
RACE (White, Black, American Indian, etc. (specify)) 3	White	SEX 4	Male
AGE—Last Birthday (years) 5a	77	Under 1 year: months 5b / days 5b	
Under 1 day: hours 5c / min. 5c		DATE OF BIRTH (month, day, year) 6	November 16, 1907
CITY, TOWN OR LOCATION OF DEATH 7a	Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b	Klamath Co. Nursing Home
IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) 7c	Inpatient	COUNTY OF DEATH 7d	Klamath
STATE OF BIRTH (If not U.S.A. name country) 8	Arkansas	CITIZEN OF WHAT COUNTRY 9	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married	SPOUSE (IF MARRIED, WIDOWED) 11	Dorene
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No	SOCIAL SECURITY NUMBER 13	558-09-7416
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Construction Worker - Ret.	KIND OF BUSINESS OR INDUSTRY 14b	Building
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath
CITY, TOWN, OR LOCATION 15c	Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d	4699 Denver 97603
Inside City Limits (specify yes or no) 15e	No	FATHER—NAME (first, middle, last) 16	Nathaniel London
MOTHER—(first, middle, last, Maiden Name) 17	Vian Woodard	INFORMANT—NAME and relationship to deceased 18	Dorene London - Wife
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) 19a	Cremation	CEMETERY OR CREMATORY NAME 19b	Eternal Hills Crematory
LOCATION (City or Town, State) 19c	Klamath Falls, Ore.	FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) 20a	Jim Lancaster
NAME AND ADDRESS OF FACILITY 20b	WARD'S - 1945 Main 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)	F. Geoffrey Marx	DATE SIGNED (Mo., Day, Yr.) 21b	1/7/84
HOUR OF DEATH 21c	7 : 00 P.M.	NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d	F. Geoffrey Marx, MD 2614 Clover Klamath Falls, Ore.
NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a	JAN 7 1985	REGISTRAR 22b (Signature)	Katherine E. Cravens

CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

		Interval between onset and death
PART I (a)	Cerebrovascular Disease with	5 wks
(b) DUE TO, OR AS A CONSEQUENCE OF	Massive CVA and (R)	
(c) DUE TO, OR AS A CONSEQUENCE OF	hemiparesis	

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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	M	DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		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 Katherine E. Cravens, Deputy Registrar

Date JAN 8 1985

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 31st day of January A.D., 19 85 at 1:02 o'clock P M, and duly recorded in Vol M85 of Deeds on page 1693

EVELYN BLEHN, COUNTY CLERK

by: [signature], Deputy

Fee: $ 5.00

Return: Dorene London 4699 Denver Klamath Falls, Oregon 97603