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

Vol. M85 Page 2207

45 — Local File Number

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	NEWT FRANKLIN ALVIS
2. Date of Death (month, day, year)	February 4, 1985
3. Race (White, Black, American Indian, etc.)	White
4. Sex	Male
5a. Age—Last birthday (years)	69
5b. Under 1 year (mos, days)	
5c. Under 1 day (hours, min)	
6. Date of Birth (month, day, year)	May 15, 1915
7a. City, Town or Location of Death	Klamath Falls
7b. Hospital or Other Institution—Name (If not in either, give street and number)	West Medical Center
7c. If Hosp or Inst Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Emer. Rm.
7d. County of Death	Klamath
8. State of Birth (If not in U.S.A. name country)	Oklahoma
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (If married, widowed)	Lois T. Alvis
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)	Yes
13. Social Security Number	441-12-8052
14a. Usual Occupation (give kind of work done during most of working life, even if retired)	Farmer
14b. Kind of Business or Industry	Agriculture
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Malin
15d. Street and Number or R.F.D., Zip	Star Route Box 19 97632
15e. Inside City Limits (specify yes or no)	No
16. Father—Name (first, middle, last)	Cade - Alvis
17. Mother—Name (first, middle, last) (Maiden Name)	Nancy Dove Tredaway
18. Informant—Name and relationship to deceased	Lois T. Alvis, wife
19a. Burial, Cremation, Removal, Other (specify)	Burial
19b. Cemetery or Crematory—Name	Malin Community Cemetery
19c. Location (City or town, State)	Malin, Oregon 97632
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 97603-7194
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	
21b. Date Signed (Mo, Day, Yr)	February 5, 1985
21c. Hour of Death	12:27 PM
21d. Name and Address of Certifier (Type or Print)	Richard F. Kay, MD, 1905 Main Street, Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print)	
22a. Date Received by Registrar (Mo, Day, Yr)	FEB 6 1985
22b. Registrar (Signature)	[signature]

23. Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

Part I	Cause	Interval between onset and death
(a)	cardiac arrest	
(b) Due to, or as a consequence of	severe coronary artery disease	
(c) Due to, or as a consequence of		

Part II. Other Significant Conditions—Conditions contributing to death but not related to cause given in Part I (a):

Field	Entry
24. Autopsy (Specify Yes or No)	No
25. Was Medical Examiner Notified (Specify Yes or No)	No
26a. Accident (Specify Yes or No)	No
26b. Date of Injury (Mo, Day, Yr)	
26c. Hour of Injury	M
26d. Describe How Injury Occurred	
26e. Injury at Work (Specify Yes or No)	No
26f. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
26g. Location (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 [signature], Deputy Registrar
Date FEB 6 1985

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Ret-Lois Alvis #-C.O. Box 19 Malin Ore 97632

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 12th day of February A.D., 1985 at 1:04 o'clock P M, and duly recorded in Vol M85, of Deeds on page 2207

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: [signature], Deputy