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

22
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First JOSEPH; Middle FRANKLIN; Last HIERONYMUS JR.			2 DATE OF DEATH (month, day, year): January 19, 1985
3 RACE White, Black, American Indian, etc. (Specify): 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): March 12, 1915
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 237 Jefferson Street	7c IF HOSP OR INST. Indicate DOA, OP/Emer, Rm, Inpatient (Specify): No	7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Montana	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Helen S.	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 479-09-8039	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher	14b KIND OF BUSINESS OR INDUSTRY: Agricultural	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 237 Jefferson Street 97601	Inside City Limits (specify yes or no): 15e Yes
16 FATHER—NAME first middle last: Joseph F. Hieronymus Sr.	MOTHER—first middle last (Maiden Name): Lulu - Todd	18 INFORMANT—NAME and relationship to deceased: Helen S. Hieronymus - wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Klamath Cremation Service	19c LOCATION city or town, state: Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): [signature]	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601		
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): [signature] MD	21b DATE SIGNED (Mo., Day, Yr.): Jan 21 85	21c HOUR OF DEATH: 8:15 P. M	
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Dr. Earle M. LeVernois 2628 Campus Drive, Klamath Falls, Ore. 97601			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 21 1985	22b REGISTRAR (Signature): [signature]		

PART I — 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
(a)	Cardio - Resp. Failure	Terminal
DUE TO, OR AS A CONSEQUENCE OF: (b)	Metastatic Carcinoma	4 Mon's
DUE TO, OR AS A CONSEQUENCE OF: (c)	Primary Carcinoma of the ~~Stomach~~ Prostate	6 Mon's

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

24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK (Specify Yes or 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.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By [signature], Deputy Registrar
Date JAN 21 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 21st day of February A.D., 1985 at 10:26 o'clock A M, and duly recorded in Vol M85 of Deeds on page 2590

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: [signature], Deputy

Return: Helen S. Hieronymus 237 Jefferson St., Klamath Falls, Oregon 97601