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

Vol. M85 Page 5496

CERTIFICATE OF DEATH

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|
| DECEASED—NAME | | First | | Middle | | Last | | State File Number | |
| PATSY | | JEAN | | JOHNSON | | | | DATE OF DEATH (month, day, year) | |
| RACE (specify) | | SEX | | AGE—Last birthday (years) | | Under 1 year | | DATE OF BIRTH (month, day, year) | |
| White | | Female | | 52 | | | | 2 April 11, 1985 | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) | | IF HOSP. OR INST. Indicate DOA (OP, Emer, Rm, Inpatient) (Specify) | | COUNTY OF DEATH | | | |
| Klamath Falls | | Merle West Medical Center | | Emerg. Room | | Klamath | | | |
| STATE OF BIRTH (if not in U.S.A. name country) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | | SPOUSE (IF MARRIED, WIDOWED) | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) | |
| Arizona | | U.S.A. | | Married | | Virgil L. Johnson | | No | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 540-34-0473 | | Clerk | | Retail Clothing | | | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER OR R.F.D., ZIP | | Inside City Limits (specify yes or no) | |
| Oregon | | Klamath | | Klamath Falls | | 2007 Gary St. 97603 | | No | |
| FATHER—NAME | | MOTHER—NAME | | INFORMANT—NAME and relationship to deceased | | | | | |
| Robert Richardson | | Miriam Frances Wilson | | Virgil L. Johnson, Husband | | | | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | city or town | | state | |
| Burial | | Klamath Memorial Park | | Klamath Falls, Ore. | | | | | |
| FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) | | NAME AND ADDRESS OF FACILITY | | | | | | | |
| Mark S. Kochevar | | O'Hair's Funeral Chapel Inc. 515 Pine St., Klamath Falls | | | | | | | |
| 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.) | | HOUR OF DEATH | | | | | |
| 21a (Signature) Mark S. Kochevar, M.D. | | 4-11-85 | | 1:38 A. | | | | | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) | | 21b | | 21c | | | | | |
| Mark S. Kochevar, M.D., 1905 Main St., Klamath Falls, Ore. 97601 | | | | | | | | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | |
| 21e | | | | | | | | | |
| DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) | | REGISTRAR | | | | | | | |
| APR 12 1985 | | E. Hawkins | | | | | | | |
| IMMEDIATE CAUSE— | | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | | | | | | | |
| PART I | | (a) Cardio respiratory arrest | | Interval between onset and death | | 1 1/2 hrs | | | |
| (b) Sepsis | | | | Interval between onset and death | | minutes | | | |
| (c) Tension pneumothorax | | | | Interval between onset and death | | 2 hrs | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | | AUTOPSY (Specify Yes or No) | | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) | | | | | |
| Possible myocardial infarction | | No | | Yes | | | | | |
| ACCIDENT (Specify Yes or No) | | DATE OF INJURY (Mo. Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | | | |
| No | | | | | | | | | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | LOCATION | | STREET OR R.F.D. NO. CITY OR TOWN STATE | | | |
| No | | | | | | | | | |
| 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

E. Hawkins

Deputy Registrar

Date

APR 12 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 16th day of April A.D., 1985 at 10:20 o'clock A.M.,
and duly recorded in Vol M85 of Deeds on page 5496

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Ret: Virgil L. Johnson 2007 Gary St., Klamath Falls, Ore. 97603