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

Vol. M85 Page 6247

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 First: ROY Middle: W. Last: SWEET

2 DATE OF DEATH (month, day, year): April 21, 1985

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 74

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 5, 1911

7a CITY, TOWN OR LOCATION OF DEATH: Medford

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Medical Center

7c If HOSP. OR INST. Indicate DOA, OP, Emer., Rm. Location [Specify]: Inpatient

7d COUNTY OF DEATH: Jackson

8 STATE OF BIRTH (If not in USA, name country): Missouri

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Gladys M. Sweet

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 496-12-9643

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Truck Driver

14b KIND OF BUSINESS OR INDUSTRY: Klamath Co. Road Department

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Merrill

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 415 97633

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: George W. Sweet

17 MOTHER—first middle last (Maiden Name): Elsie - Smith

18 INFORMANT—NAME and relationship to deceased: Gladys M. Sweet, wife Ref'

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon 97603

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

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]: B Vachon M.D.

21b DATE SIGNED [Mo. Day. Yr.]: 4/24/85

21c HOUR OF DEATH: 6:40 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Bruce Van Zee, MD, 1025 East Main Street, Medford, Oregon 97501

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo. Day. Yr.]: APR 25 1985

22b REGISTRAR [Signature]: Jan Lubinsen

23 IMMEDIATE CAUSE

PART I (a) Ventricular Fibrillation due to Cardiomyopathy Arrest — Interval between onset and death: 24 hours

(b) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — Interval between onset and death: years

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): End stage kidney Disease Diabetes

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo. Day. Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No				No	No

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

STATE OF OREGON — ORIGINAL—VITAL STATISTICS COPY
CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

CS-2 REV. 12-83

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE APR 25 1985

(SEAL)

Jan Lubinsen
REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 30th day of April A.D., 19 85 at 8:50 o'clock A M, and duly recorded in Vol M85 of Deeds on page 6247.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Return: Gladys M. Sweet P. O. Box 415 Merrill, Oregon 97633