

50604

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

Vital Statistics Section

Vol. M85 Page 10236

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME—FIRST MIDDLE LAST FLOYD BENJAMIN JOHNSON			DATE OF DEATH (MONTH, DAY, YEAR) August 17, 1978				
RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male		AGE—LAST BIRTHDAY (YEARS) 64		DATE OF BIRTH (MONTH, DAY, YEAR) March 12, 1914	
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) 2525 Orindale Road		IF HOSP. OR INST. INDI- CATE, DOA, OP/ENR, RM., INPATIENT (SPECIFY) Ranch	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		SPOUSE (IF MARRIED, WIDOWED) Vivien E.	
SOCIAL SECURITY NUMBER 508 - 10 - 2460		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Mechanic		KIND OF BUSINESS OR INDUSTRY Self		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No	
RESIDENCE—STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. 4147 Douglas	
FATHER—NAME FIRST MIDDLE LAST Lester - Johnson		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Grace - Tockey		INFORMANT—NAME AND RELATIONSHIP TO DECEASED Vivien Elaine Johnson (Wife)		INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Klamath Memorial Park		LOCATION CITY OR TOWN STATE Klamath Falls, Oregon 97601			
FUNERAL SERVICE—LICENSED OR PERSON SATING AS SUCH—SIGNATURE <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601					
CERTIFICATION—MEDICAL EXAMINER							
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:							
DEATH OCCURRED (HOUR) About 7:30 P. M.		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21B August 17, 1978		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>			
CERTIFIER SIGNATURE <i>[Signature]</i>		NAME—(TYPE OR PRINT) George R. Nicholson, M.D.		DEGREE OR TITLE			
MEDICAL EXAMINER FOR: COUNTY Klamath		DATE SIGNED (MONTH, DAY, YEAR) August 22, 1978					
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) August 23, 1978		REGISTRAR (SIGNATURE) <i>[Signature]</i>					
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))				INTERVAL BETWEEN ONSET AND DEATH			
(A) Massive old & recent posterior myocardial infarct				INTERVAL BETWEEN ONSET AND DEATH			
(B) Occlusions of right coronary				INTERVAL BETWEEN ONSET AND DEATH			
(C) Severe arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				AUTOPSY (SPECIFY YES OR NO) Yes			
DATE OF INJURY (MONTH, DAY, YEAR) 25A		HOUR 25B		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25C			
INJ. AT WORK (SPECIFY YES OR NO) 25D		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F			
RESERVED FOR REGISTRAR'S USE							

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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.

MARJORIE S. COMER, Registrar Vital Statistics

By *[Signature]* Deputy Registrar
Date **AUG 25 1978**

VOID IF ALTERED

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

After recording return to **VIVIEN E JOHNSON**
4147 Douglas Ave. Klamath Falls
OR 97601

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 2nd day of July A.D., 19 85 at 3:22 o'clock P M, and duly recorded in Vol M85 of Deeds on page 10236.

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, DeputyFee: \$ 5.00