

CERTIFICATE OF DEATH

Local File Number: 263 State File Number: _____

DECEASED—NAME: PANSY V. JOHNSON

DATE OF DEATH (month, day, year): July 4, 1985

RACE: White SEX: Female AGE—Last birthday (years): 85

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME: 2949 Beverly Drive

STATE OF BIRTH (if not in U.S.A. name country): North Carolina CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SOCIAL SECURITY NUMBER: 542-54-8766 USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

RESIDENCE—STATE: Oregon COUNTY: Klamath CITY, TOWN, OR LOCATION: Klamath Falls STREET AND NUMBER OR R.F.D. ZIP: 2949 Beverly Drive 97603

FATHER—NAME: John Golden MOTHER—NAME: Mary Etta Blankenship

BURIAL, CREMATION, REMOVAL, MAINT. (specify): Burial CEMETERY OR CREMATORY—NAME: Linkville Cemetery

FUNERAL SERVICE LICENSEE OR Person Acting As Such: William F. Davenport NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): July 5, 1985 REGISTRAR: _____

IMMEDIATE CAUSE: CVA

OTHER SIGNIFICANT CONDITIONS: Generalized atherosclerosis

ACCIDENT (Specify Yes or No): No DATE OF INJURY (Mo., Day, Yr.): _____ HOUR OF INJURY: _____

INJURY AT WORK (Specify Yes or No): No PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): _____

RESERVED FOR REGISTRAR'S USE

DECEDENT
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION
1. _____
2. _____
3. _____

CERTIFIER
To be Completed by CERTIFYING PHYSICIAN Only

CAUSE OF DEATH
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

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 _____ Deputy Registrar

Date: July 5, 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of _____ November A.D., 19 85 at 10:03 o'clock A M., and duly recorded in Vol. M85 day _____ of _____ Deeds on Page 19370

FEE \$5.00

Evelyn Biehn, County Clerk
By _____

Alan Hicks
1987 Jan 26
#122, 02