OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number: 538

CERTIFICATE OF DEATH

State File Number:

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): THOMAS DAN DUVALL
2. DATE OF DEATH (month, day, year): December 22, 1985
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Male
5a. AGE—Last Birthday (years): 50
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): February 25, 1935
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 4710 Balsam Drive
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Vera
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13. SOCIAL SECURITY NUMBER: 458 - 54 - 9058
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintenance Man
14b. KIND OF BUSINESS OR INDUSTRY: City Schools
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 4710 Balsam Drive 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: Elby Duvall
17. MOTHER—first middle last (Maiden Name): Lillie West
18. INFORMANT—NAME and relationship to deceased: Vera Duvall / Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Siskiyou Crematory
19c. LOCATION City or Town, State: Medford, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]
20b. NAME AND ADDRESS OF FACILITY: Dayspring National Cremation Society, PO Box 4548, Medford, Oregon

CERTIFIER

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]
21b. DATE SIGNED [Mo., Day, Yr.]: Dec. 23, 1985
21c. HOUR OF DEATH: 11:45 PM
21d. NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jon S. Wayland, MD / 2301 Mt. View Blvd / Klamath Falls, Ore. /97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 23 1985
22b. REGISTRAR [Signature]: [signature]

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE—OR [a], [b], AND [c].)

PART I
(a) Cancer mouth — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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]: No
25. WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a. ACCIDENT [Specify Yes or No]: No
26b. DATE OF INJURY [Mo., Day, Yr.]:
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] *Deputy Registrar*

Date December 26, 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 31st day of January A.D., 19 86 at 11:17 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 1389.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Return: Bera Duvall 4710 Balsam Dr., Klamath Falls, Oregon 97601