

# CERTIFICATE OF DEATH

Local File Number <b>40</b>		State File Number		DATE OF DEATH (month, day, year) <b>January 30, 1986</b>	
DECEASED - NAME <b>Jesse Markham TURNER</b>		SEX <b>Male</b>		AGE - Last birthday (years) <b>75</b>	
RACE <b>White</b>		Under 1 year <input type="checkbox"/> Under 1 day <input type="checkbox"/> Under 1 hour <input type="checkbox"/> Under 1 min <input type="checkbox"/>		DATE OF BIRTH (month, day, year) <b>December 21, 1910</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in error, give street and number) <b>Merle West Medical Center</b>		F. HOSP. OR INST. - INCOME DOA OP. Emer. Rn. Inpatient (Specify) <b>Inpatient</b>	
STATE OF BIRTH (If not in U.S.A. name country) <b>Oklahoma</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
SOCIAL SECURITY NUMBER <b>570-18-6653</b>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		SPOUSE (IF MARRIED, WIDOWED) <b>Dorothy Ann Turner</b>	
RESIDENCE - STATE <b>Oregon</b>		CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>	
FATHER - NAME <b>Samuel - Turner</b>		MOTHER - first middle last <b>Dora Ella Markham</b>		STREET AND NUMBER OR R.F.D., ZIP <b>1803 Hope St. 97603</b>	
BIRTH - first middle last <b>Samuel - Turner</b>		CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		INFORMANT - NAME and relationship to deceased <b>Dorothy Ann Turner, Wife</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY - NAME <b>Klamath Cremation Service</b>		LOCATION City or town state <b>Klamath Falls, Ore.</b>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Mike O'Hair</i>		NAME AND ADDRESS OF FACILITY <b>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.</b>		DATE SIGNED (Mo. Day Yr.) <b>1-30-86</b>	
To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Norman F. Blinstrub</i>		NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Norman F. Blinstrub, M.D., 1000 Pine St., Klamath Falls, Ore. 97601</b>		HOUR OF DEATH <b>1:40 A.</b>	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c		21d	
DATE RECEIVED BY REGISTRAR (Mo. Day Yr.) <b>JAN 30 1986</b>		REGISTRAR 22a (Signature) <i>Thomas E. Cravens</i>		Interval between onset and death <b>seconds</b>	
22b IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>(a) Cardiac and Respiratory arrest</b>		22c		Interval between onset and death <b>1 to 2 days</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>Throat Hemorrhage and Pneumonia</b>		22d		Interval between onset and death <b>10 months</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>Cancer of Larynx</b>		22e		24	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b), and (c).		24		25	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day Yr.)		HOUR OF INJURY	
25a		25b		25c	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
26a		26b		26c	
RESERVED FOR REGISTRAR'S USE		STREET OR R.F.D. NO		CITY OR TOWN	
		26d		STATE	

ORIGINAL-VITAL STATISTICS COPY

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 *Thomas E. Cravens* Deputy Registrar  
Date 31/1986  
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 \_\_\_\_\_ the 5th day  
of February A.D., 19 86 at 2:02 o'clock P M., and duly recorded in Vol. M86  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 2231

FEE \$5.00

Evelyn Biehn County Clerk  
By *Bernetha A. Letsch*