

58462

'86 FEB 21 AM 9:06

STATE OF OREGON

Vol. M81 Page 3036OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES

## Vital Records Unit

## CERTIFICATE OF DEATH

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 JOHN PHILLIP GALLAGHER					2 February 9, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 64	5b mos	5c days	6 April 28, 1921
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)			IF HOSP. OR INST. indicate DOA, OP/Emer, Rm., Inpatient (Specify)	
7a Klamath Falls		7b 3890 Rio Vista Way / At home			7c Klamath	
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)	
8 New York		9 U.S.A.	10 Widowed		11 Gloria	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 060 - 12 - 5090		14a Master Sgt. / Retired		14b U.S. Air Force		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 3890 Rio Vista Way		15e No
FATHER—NAME first middle last		MOTHER—first middle last		INFORMANT—NAME and relationship to deceased		
16 Peter Gallagher		17 Agnes Hunt		18 John Gallagher / Self		
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME			LOCATION city or town state	
19a Cremation		19b Eternal Hills Memorial Gardens			19c Klamath Falls, Ore	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a Jim Lancaster		20b WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a Kenneth K. Magee		21b 02-12-86		21c 7:30 P. M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21c Kenneth K. Magee, MD / 1900 Main St. / Klamath Falls, Ore. 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a FEB 18 1986		22b [Signature] [Signature]				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death				
(a) Probable cardiac arrest		minutes				
(b) Myocardial Infarction		year				
(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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 Diabetes mellitus, advanced rheumatoid arthritis		24 No		25 Yes		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a Yes		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO	CITY OR TOWN	STATE
26a		26b	26c	26d		

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 124

STATE OF OREGON  
County of KlamathThis 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 [Signature] Deputy RegistrarDate February 18, 1986  
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 21st day of February A.D., 19 86 at 9:06 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 3036.

FEE

\$5.00

Return: D. L. Hoots, Attorney 2261 S. Sixth, Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk  
By [Signature]