86 MAY 20 PM 3 35

06265
ID TAG NO.
186
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol M86 Page 8673

CERTIFICATE OF DEATH
ORS 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Thomas; Middle G.; Last JAMIESON
2 DATE OF DEATH (month, day, year): May 18, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 79
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): September 12, 1906
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emer. Rm.
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Pauline Johnson
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 543-10-0844
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawmill Supervisor
14b KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Company
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 3505 Emerald
ZIP: 97601
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: William M. Jamieson
17 MOTHER — first middle last (Maiden Name): Margaret - Guthrie
18 INFORMANT — NAME and relationship to deceased: Pauline T. Jamieson, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c LOCATION city or town state: Klamath Falls, Oregon 9760
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William T. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER — 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:

21a DEATH OCCURRED (Hour): 8:27 A.M.
21b THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour: May 18, 1986 8:27 A M
21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐
21d CERTIFIER (Signature): Robert Jamison
21e NAME AND TITLE — (Type or Print): Robert E. Jamison, MD
21f MEDICAL EXAMINER For: Klamath County
21g DATE SIGNED (Month, Day, Year): May 19, 1986
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 19, 1986
22b REGISTRAR (Signature): Katherine E. Cravinho

CAUSE OF DEATH

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]
PART I (a) Cerebro vascular accident — Interval between onset and death: Moments
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
25a DATE OF INJURY (Month, Day, Year)
25b HOUR
25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)
25d INJ. AT WORK (Specify Yes or No)
25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
25f LOCATION (Street or R.F.D. No., City or Town, County, State)

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY 45-107 Rev. 1-86

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 Katherine E. Cravinho, Deputy Regisrtar

Date May 19 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of _____ the 20th day of May A.D., 19 86 at 3:35 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 8673.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: Pauline Jamieson 3505 Emerald Klamath Falls, Oregon 97601