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ID TAG NO.

276

Local File Number

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

Vol. M86 Page 1

TYPE
 OR PRINT
 IN
 PERMANENT
 BLACK
 INK
 FOR
 INSTRUCTIONS
 SEE
 HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
Donald		Delman		PAYNE				DATE OF DEATH (month, day, year)	
RACE (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
White		Male		73		mos days		hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		DATE OF BIRTH (month, day, year)		DATE OF BIRTH (month, day, year)		COUNTY OF DEATH	
Klamath Falls		Merle West Medical Center		January 29, 1913		January 29, 1913		Klamath	
STATE OF BIRTH (if not in U.S.A., name, country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		IF HOSP. OR INST. Indicate DOA, OR/Inst. Rpt., Inpatient (specify)		WAS DECEASED EVER IN U.S. ARMED FORCES? (specify year)	
Wisconsin		U.S.A.		Married		Inpatient		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		SPOUSE (IF MARRIED, WIDOWED)		KIND OF BUSINESS OR INDUSTRY			
479-03-4726		Farm Laborer		Frances L. Payne		Agriculture			
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Merrill		224 N. Main Street		97633	
FATHER - NAME		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (specify yes or no)	
Joseph M. Payne		Lulu - Parse				Frances L. Payne, wife		Yes	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN		STATE	
Burial		Eternal Hills Memorial Gardens		Klamath Falls, Oregon		Klamath Falls, Oregon		97601	
FUNERAL SERVICE LICENSEE or person acting as such		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
Mike M.		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.		July 21, 1986		9:40 A.			
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR			
Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon				July 22, 1986		Richard E. Cravich			
PART I		PART II		PART III		PART IV		PART V	
(a) DUE TO, OR AS A CONSEQUENCE OF:		(b) DUE TO, OR AS A CONSEQUENCE OF:		(c) DUE TO, OR AS A CONSEQUENCE OF:		(d) DUE TO, OR AS A CONSEQUENCE OF:		(e) DUE TO, OR AS A CONSEQUENCE OF:	
Metastatic squamous cell Ca of lung		22 months		Interval between onset and death		Interval between onset and death		Interval between onset and death	
ACIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
No								No	
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	
No									
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?		RESERVED FOR REGISTRAR'S USE					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>							

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1

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 Richard E. Cravich, Deputy Registrar

Date July 22, 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 _____ of _____ July _____ A.D., 19 86 at 4:09 o'clock P M., and duly recorded in Vol. M86 of _____ Deeds _____ on Page 12977

FEE \$5.00

Evelyn Biehn, County Clerk
 By Sam Smith