

65408

86 SEP 2 AM 11:15

06249
ID TAG NO
286

Local File Number

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol M86 Page 15724

CERTIFICATE OF DEATH

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
STATIFYING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

| | | | |
|--|--|---|--|
| 1 DECEASED - NAME First Middle Last Louie Irving DIXON | | State File Number | |
| 2 RACE White, Black, American Indian, etc. (specify) White | | DATE OF DEATH (month, day, year) July 25, 1986 | |
| 3 SEX Male | | DATE OF BIRTH (month, day, year) June 24, 1919 | |
| 4 CITY, TOWN OR LOCATION OF DEATH Klamath Falls | | 5a AGE - Last birthday (years) 67 | |
| 6 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) West Medical Center | | 7c IF HOSP. OR INST. Indicate DOA, OP/EMar, Am., Inpatient (specify) Inpatient | |
| 7a STATE OF BIRTH (If not in U.S.) name country Oregon | | 7d COUNTY OF DEATH Klamath | |
| 8 SOCIAL SECURITY NUMBER 540-32-1149 | | 9 U.S.A. (specify) Married | |
| 10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 11 SPOUSE (IF MARRIED, WIDOWED) Mary N. Schmiedeler | |
| 12 RESIDENCE - STATE Oregon | | 13 KIND OF BUSINESS OR INDUSTRY Agriculture/owner | |
| 14a COUNTRY Klamath | | 14b CITY, TOWN OR LOCATION Klamath Falls | |
| 15a FATHER - NAME first middle last Louie B. Dixon | | 15b STREET AND NUMBER OR R.F.D. 7630 Donegal | |
| 16 MOTHER - first middle last (Maiden Name) Bessie M. Icenbice | | 17 ZIP 97603 | |
| 18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial | | 19 CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens | |
| 20a FUNERAL SERVICE LICENSED or person acting as such (Signature) William J. Thompson | | 20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194 | |
| 21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon | | 21b DATE SIGNED (Mo., Day, Year) July 28, 1986 | |
| 21c HOUR OF DEATH 1:27 P.M. | | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) JUL 28 1986 | | 22b REGISTRAR Marian Ackerman | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Heart block | | Interval between onset and death minutes | |
| (b) Acute myocardial infarction | | Interval between onset and death hours | |
| (c) Arteriosclerotic heart disease | | Interval between onset and death 20 yrs | |
| 24 ACCIDENT (Specify Yes or No) No | | 25 AUTOPSY (Specify Yes or No) No | |
| 26a INJURY AT WORK (Specify Yes or No) No | | 26b DATE OF INJURY (Mo., Day, Year) July 25, 1986 | |
| 26c PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home | | 26d DESCRIBE HOW INJURY OCCURRED None | |
| 26e LOCATION Home | | 26f STREET OR R.F.D. NO. 7630 | |
| 26g CITY OR TOWN Klamath Falls | | 26h STATE Oregon | |
| 27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO | | 28 WAS GIFT MADE? NO | |
| 29 RESERVED FOR REGISTRAR'S USE | | 30 | |

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 Marian Ackerman, Deputy RegistrarDate July 28, 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 _____ September _____ A.D., 19 86 at 11:15 o'clock A _____ M., and duly recorded in Vol. _____ M86
of _____ Deeds _____ on Page 15724

FEE \$5.00

Return: Mary Dixon 7630 Donegal, Klamath Falls, Oregon 97603
By Evelyn Biehn, County Clerk