

12361
ID TAG NO
357

Local File Number

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

Vol. 139 Page 170

CERTIFICATE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
Jeremiah		Jack		LUSKER				DATE OF DEATH (month, day, year)	
RACE White, Black, American Indian, etc.		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		54		Under 1 day		December 24, 1931	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME							
Keno		8301 McLaughlin Drive							
STATE OF BIRTH (if not in U.S.)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
Illinois		U.S.A.		Divorced				Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY				WAS DECEASED EVER IN U.S. ARMED FORCES? (specify yes or no)	
354-24-9310		Electrician		Military Service				Yes	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		8301 McLaughlin Drive		97601	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased				Inside City Limits (specify yes or no)	
Joseph Paul Lusker		Irene - Jorgenson		Geraldine Lusker, daughter				No	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION					
Removal/Burial		All Souls Cemetery		Long Beach, California					
FUNERAL SERVICE LICENSEE or person acting as such		NAME AND ADDRESS OF FACILITY							
William J. Jorgenson		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194							
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, Year)		HOUR OF DEATH					
21a (Signature) Jon G. McKellar		21b September 13, 1986		21c //?? M					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		ZIP					
21d Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon				97601					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a SEP 17 1985		22b (Signature) Frederick E. Cravens							
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]							
(a) Asphyxiation - Pickwickian Syndrome								Interval between onset and death	
(b) Marked Obesity								Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death or related to cause given in PART I (a)								Interval between onset and death	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
26a		26b		26c		26d		24 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	
26e		26f		26g		26h		25 Yes	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-88

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 Frederick E. Cravens, Deputy Registrar

Date September 17, 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 September A.D., 19 86 at 4:19 o'clock P M., and duly recorded in Vol. 139 on Page 17098

FEE \$5.00

Evelyn Biehn, County Clerk

By Sam Smith