Oregon
STATE HEALTH DIVISION
Department of Human Resources

70467

CERTIFICATE OF DEATH

MTC-11558-P

Vital Records Unit

Vol. M87 Page 788

T 423

Local File Number

State File Number

DECEDENT—NAME 1 First: BENJAMIN Middle: JOSEPH Last: JOHNSON

RACE White, Black, American Indian, etc. (specify) 3: White

SEX 4: Male

AGE—Last birthday (years) 5a: 81

Under 1 year: mos 5b; days 5b; Under 1 day: hours 5c; min 5c

DATE OF DEATH (month, day, year) 2: November 23, 1983

DATE OF BIRTH (month, day, year) 6: November 25, 1901

CITY, TOWN OR LOCATION OF DEATH 7a: Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b: West Medical Center

IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify] 7c: Emer. Rm.

COUNTY OF DEATH 7d: Klamath

STATE OF BIRTH (If not in U.S.A., name country) 8: Nebraska

CITIZEN OF WHAT COUNTRY 9: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married

SPOUSE (IF MARRIED, WIDOWED) 11: Effa

WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12: No

SOCIAL SECURITY NUMBER 13: 544 - 42 - 9940

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Owner - Ret.

KIND OF BUSINESS OR INDUSTRY 14b: Farming

RESIDENCE—STATE 15a: Oregon

COUNTY 15b: Klamath

CITY, TOWN, OR LOCATION 15c: Malin

STREET AND NUMBER OR R.F.D., ZIP 15d: PO Box 161 97632

Inside City Limits (specify yes or no) 15e: Yes

FATHER—NAME first middle last 16: John Henry Johnson

MOTHER—Maiden Name first middle last 17: Josephine Kelly

INFORMANT—NAME and relationship to deceased 18: Effa Johnson - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a: Burial

CEMETERY OR CREMATORY—NAME 19b: Malin Cemetery

LOCATION city or town state 19c: Malin, Oregon

FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a: [signature]

NAME AND ADDRESS OF FACILITY 20b: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature] [signature] Jack N Martin MD

DATE SIGNED [Mo., Day, Yr.] 21b: 11-28-83

HOUR OF DEATH 21c: 6:00 P M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: Jack N. Martin, MD / 1900 Main St. / Klamath Falls, Oregon / 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: NOV 28 1983

REGISTRAR 22b [Signature] [signature]

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I

(a) Acute Cardiac Arrhythmia — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 1 hour

(b) — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) Acute Myocardial Infarction — Interval between onset and death: 1 hour

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Chronic Myocarditis

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo., Day, Yr.] 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25
No				No	No

INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

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 [signature], Deputy Registrar
Date

VOID IF ALTERED NOV 28 1983

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

Return: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day of January A.D., 19 87 at 11:24 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 788

FEE $5.00

Evelyn Biehn County Clerk
By [signature]