

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

Vol. M87 Page 1712

A6301- TAG NO.

30

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Margaret		Louise		LUX				2 January 20, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Female		5a 76		5b mos. days		5c hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Emar. Rm., Inpatient (specify)		COUNTY OF DEATH		DATE OF BIRTH (month, day, year)	
7a Klamath Falls		7b Mountain View Care Center		7c Inpatient		7d Klamath		6 November 22, 1910	
STATE OF BIRTH (if not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Texas		9 United States		10 Widowed		11 Will Lux		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 445-14-0776		14a Bookkeeper		14b U.S. Government					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 711 Washburn Way		97603	
FATHER - NAME first middle last		MOTHER - first middle last (Maiden Name)		INFORMANT - NAME and relationship to deceased				Inside City Limits (specify yes or no)	
16 Thomas L. Downs		17 Clyde Ledocia Coffey		18 Bill Lux - Son				15e no	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
19a Cremation		19b Siskiyow Memorial Park Crematory		19c Medford, Oregon					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a <i>Andrew Pinkney</i>		20b Perl Funeral Home, 426 West 6th, Medford, Oregon							
To the best of my knowledge, death occurred at this time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) <i>Alden Glidden</i>		21b 1-21-87		21c 10:30 p.m.					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		ZIP:							
21d Alden Glidden, M.D. 2680 Uhrmann Road, Klamath Falls, Oregon		97603							
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a January 23, 1987		22b (Signature) <i>Therese E. Chavira</i>							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death							
(a) influenza		2-4 days							
(b) contractures & immobility		Interval between onset and death							
(c) completed stroke		Interval between onset and death							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 No		25 No							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
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 STATE	
26e No		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?							
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>							
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-86

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Therese E. Chavira* Deputy Registrar

Date *January 23, 1987*

VOID IF ALTERED

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

*William Lux 5017 STURDIVANT RD. KLAMATH FALLS OR. 97603 \$5.00 Post*

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 3rd day  
of February A.D., 19 87 at 2:50 o'clock P M., and duly recorded in Vol. M87,  
of \_\_\_\_\_ Deeds on Page 1712

Evelyn Biehn, County Clerk

By *M. Smith*

FEE \$5.00