73072

A 6791
ID TAG NO
123
Local File Number

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

Vol. M87 Page 5589

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED — NAME: First: Johnie; Middle: W.; Last: HOLLOWAY
2. DATE OF DEATH (month, day, year): March 21, 1987
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 65
5b. If under 1 year: mos. / days
5c. If under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): February 28, 1922
7a. CITY, TOWN OR LOCATION OF DEATH: Keno
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Ashland Star Rt. Hwy 66, Sp #2
7c. IF HOSP OR INST: Indicate DOA, OP, Emer. Rm., Inpatient (specify): —
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Arkansas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Rosemarie Gensorowsky
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 429-36-3404
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timberfaller
14b. KIND OF BUSINESS OR INDUSTRY: Weyco
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Keno
15d. STREET AND NUMBER OR R.F.D.: P.O. Box 212
ZIP: 97627
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: J. W. Holloway
17. MOTHER — first middle last (Maiden Name): Dora - McGee
18. INFORMANT — NAME and relationship to deceased: Rosemarie Holloway, wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory
19c. LOCATION — city or town, state: Klamath Falls, Oregon 9760
20a. FUNERAL SERVICE LICENSEE (signature, person acting as such): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature) ► Brian E Koester MD
21b. DATE SIGNED (Mo., Day, Year): March 23, 1987
21c. HOUR OF DEATH: 2:10 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Brian Koester, MD, 2850 Daggett, Klamath Falls, Oregon ZIP 97601
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): March 23, 1987
22b. REGISTRAR (Signature) ► Katherine E. Cranmer

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

PART I
(a) Advanced disseminated lymphocytic lymphoma — Interval between onset and death: 14 months
(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death

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

24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a. ACCIDENT (Specify, Yes or No): No
26b. DATE OF INJURY (Mo., Day, Year)
26c. HOUR OF INJURY
26d. DESCRIBE HOW INJURY occurred
26e. INJURY AT WORK (Specify Yes or No): No
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26g. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 6-85

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 Katherine E. Cranmer, Deputy Registrar

Date March 31, 1987

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 Rosemarie Holloway the 3rd day of April A.D. 19 87 at 3:07 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 5589.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith

Ret: Rosemarie Holloway Box 212, Keno, Oregon 97627