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00647
ID TAG No.

156
Local File Number

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

Vol. M87 Page 6101

CERTIFICATE OF DEATH

State File Number

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

DECEASED

1 DECEASED — NAME: First Cecil; Middle Frederick; Last JACKSON

2 DATE OF DEATH (month, day, year): April 9, 1987

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

4 SEX: Male

5a AGE — Last Birthday (years): 79

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): July 21, 1907

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mt. View Care Center

7c IF HOSP OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Marie Jackson

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 515-01-4805

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recreation Center Owner

14b KIND OF BUSINESS OR INDUSTRY: Youth Recreation

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D.: P.O. Box 6

ZIP: 97632

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

16 FATHER — NAME first middle last: Charles Frederick Earl Jackson

17 MOTHER — first middle last (Maiden Name): Maude E. McCracken

18 INFORMANT — NAME and relationship to deceased: Frances Kalina, Sister

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Malin Community Cemetery

19c LOCATION city or town, state: Malin, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: McHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

CERTIFIER

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): Randal A. Machado M.D.

21b DATE SIGNED (Mo., Day, Year): April 10, 1987

21c HOUR OF DEATH: 3:30 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Randal A. Machado, M.D., 1905 Main St., Klamath Falls, Ore. 97601

21e 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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 10, 1987

22b REGISTRAR (Signature): Marianne E. Cranwell

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

PART I (a) Pneumonia — Interval between onset and death: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Severe Alzheimer's Disease

ACCIDENT (Specify Yes or No): No

26a INJURY AT WORK (Specify Yes or No):

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY Ooccurred:

24 AUTOPSY (Specify Yes or No): No

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

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

RESERVED FOR REGISTRAR'S USE

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Marianne E. Cranwell, Deputy Registrar

Date April 10, 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 _____ of April A.D., 19 87 at 4:03 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 6101 the 10th day

FEE $5.00

Ret: Frances Kalina Box 6, Malin Oregon 97632

Evelyn Biehn, County Clerk

By Pam Smith