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ID TAG NO. 246

Local File Number

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

Vol M87 Page 12244

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1 DECEASED — NAME: First: Jack; Middle: Herbert; Last: DICK

2 DATE OF DEATH (month, day, year): June 26, 1987

3 RACE (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 60

5b Under 1 year: nos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): July 7, 1926

7a CITY, TOWN OR LOCATION OF DEATH: Keno

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 11374 Red Wing Loop

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): South Dakota

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Mayvis Sisney

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

13 SOCIAL SECURITY NUMBER: 507-04-7613

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

14b KIND OF BUSINESS OR INDUSTRY: Construction

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Keno

15d STREET AND NUMBER OR R.F.D.: 11374 Red Wing Loop (POBox 411) ZIP 97627

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

16 FATHER — NAME first middle last: Harrison A. Dick

17 MOTHER — first middle last (Maiden Name): Elsie - Gatenby

18 INFORMANT — NAME and relationship to deceased: Mayvis G. Dick, wife

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Keno Cemetery

19c LOCATION city or town state: Keno, Oregon 97627

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Gillian 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 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): Blake D. Berven MD

21b DATE SIGNED (Mo., Day, Year): June 29, 1987

21c HOUR OF DEATH: 11:50 A M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon ZIP 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUN 29 1987

22b REGISTRAR (Signature): Marian Ackerman

CAUSE OF DEATH

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

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

PART I

(a) Respiratory failure — Interval between onset and death: 10 minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Adenocarcinoma of lung with lymphangitic spread — Interval between onset and death: 2 months

DUE TO, OR AS A CONSEQUENCE OF

(c) Adenocarcinoma of lung — Interval between onset and death: 16 months

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

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

26e INJURY AT WORK (Specify Yes or 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
NO				

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 6-86

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 Marian Ackerman, Deputy Registrar

Date JUL 2 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 July A.D., 19 87 at 9:51 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 12244 the 13th day

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Mayvis G. Dick Box 411, Keno, Oregon 97627