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33240
ID TAG NO.
324
Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME (First) Ronald (Middle) Dewey (Last) PROVANCHA
2 DATE OF DEATH (month, day, year) August 31, 1987
3 RACE (White, Black, American Indian, etc.) (Specify) White
4 SEX Male
5a AGE — Last Birthday (years) 67
5b Under 1 year (mos / days)
5c Under 1 day (hours / min)
6 DATE OF BIRTH (month, day, year) January 29, 1920
7a CITY, TOWN OR LOCATION OF DEATH Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) Mtn 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) Nebraska
9 CITIZEN OF WHAT COUNTRY U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11 SPOUSE (IF MARRIED, WIDOWED) Joyce
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) Yes
13 SOCIAL SECURITY NUMBER 483-12-9549
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Body & Fenderman
14b KIND OF BUSINESS OR INDUSTRY Automobile Repair
15a RESIDENCE — STATE Oregon
15b COUNTY Klamath
15c CITY, TOWN OR LOCATION Klamath Falls
15d STREET AND NUMBER OR R.F.D. 1727 Chinchalla Way
ZIP 97603
Inside City Limits (specify yes or no) 15e No
16 FATHER — NAME first middle last Dell - Provancha
17 MOTHER — first middle last (Maiden Name) Ethel - Thomas
18 INFORMANT — NAME and relationship to deceased Joyce I. Provancha, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial
19b CEMETERY OR CREMATORY — NAME Eternal Hills Memorial Gardens
19c LOCATION city or town Klamath Falls, Oregon 976C
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Jan F. Davenport
NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 20b 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) F. Geoffrey Marx
DATE SIGNED (Mo., Day, Year) 21b September 1, 1987
HOUR OF DEATH 21c 11:06 AM
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon ZIP 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a SEP 1 1987
REGISTRAR 22b (Signature) Michelle Batliff

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: 2 ds
DUE TO, OR AS A CONSEQUENCE OF:
(b) Carcinoma Esophagus — Interval between onset and death: 1 yr
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)

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

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? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

43-2 Rev. 6-85

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 2 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joyce Provancha
of September A.D., 19 87 at 12:52 o'clock P M., and duly recorded in Vol. M87, the 4th day of Deeds on Page 16185.

FEE $5.00

Evelyn Biehn, County Clerk
By

Ret: Joyce Provancha 1727 Chinchalla Way, Klamath Falls, Oregon 97603