CERTIFICATION OF VITAL RECORD

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25315 ID TAG NO.
404 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

1 DECEASED — NAME: First LELAND Middle CLAY Last JONES
2 DATE OF DEATH (month, day, year): October 20, 1987
3 RACE (specify): White
4 SEX: Male
5a AGE — Last birthday (years): 69
5b Under 1 year: mos. days
5c Under 1 day: hours min
6 DATE OF BIRTH (month, day, year): August 29, 1918
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. Inpatient, OP, Emer. Rm., Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Maxine
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 540 - 12 - 1237
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
14b KIND OF BUSINESS OR INDUSTRY: Oregon State Highway Dept.
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 1742 Logan
ZIP: 97603
15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Verl - Jones
17 MOTHER — first middle last (Maiden Name): Elizabeth - Grader
18 INFORMANT — NAME and relationship to deceased: Maxine Jones - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
19c LOCATION City or town State: Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Lon Lancaster
20b NAME AND ADDRESS OF FACILITY: Ward's Funeral Home / 1945 Main St. / Klamath Falls, Ore.

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): [signature]
21b DATE SIGNED (Mo., Day, Year): 10/20/87
21c HOUR OF DEATH: 0925 M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Jon G. McKellar, MD - 2300 Mt. View Blvd. - Klamath Falls, Ore. ZIP 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): OCT 28 1987
22b REGISTRAR (Signature): Michelle Battiff

CAUSE OF DEATH

PART I
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]
(a) Metastatic Lung Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(b)
Interval between onset and death: 18 mos.
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).
Interval between onset and death:

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 M	26d	24 No	25 No

INJURY AT WORK (Specify Yes or 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: 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

45-2 Rev 6-86

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

DATE ISSUED DEC 18 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joseph Durrell
of December A.D., 19 87 at 10:48 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 22594.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Ret: Joseph Durrell 1604 N. Harrison
Kennewick, Washington 99336