

88654

A-7042
ID TAG NO

Local File Number

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. M88 Page 10047

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

4
5
6

DECEASED - NAME: JoAnn First Middle Last
1 White RACE (specify) 2 Female SEX
3 Keno CITY, TOWN OR LOCATION OF DEATH 4 50 AGE - Last birthday (years)
5a 50 Under 1 year 5b 50 Under 1 day 5c 50 Under 1 day
6 California STATE OF BIRTH (If not in U.S.A.) 7a 15624 Riveredge Road HOSPITAL OR OTHER INSTITUTION - NAME (If not in U.S.A., give street and number)
8 U.S.A. CITIZEN OF WHAT COUNTRY 9 Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 569-44-9067 SOCIAL SECURITY NUMBER 11 Johnnie C. Johnson SPOUSE (IF MARRIED, WIDOWED)
12 Housewife USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13 Homemaking KIND OF BUSINESS OR INDUSTRY
14a Oregon RESIDENCE - STATE 14b Klamath COUNTY 15a Claude J. Wells FATHER - NAME first middle last
15b Keno CITY, TOWN OR LOCATION 15c Marjorie L. Bartlett MOTHER - NAME first middle last
16 Cremation BURIAL, CREMATION, REMOVAL, MAUR (specify) 17 Eternal Hills Crematory CEMETERY OR CREMATORY - NAME
18 Johnnie C. Johnson INFORMANT - NAME and relationship to deceased
19 6/20 South Sixth Street, Klamath Falls, Oregon 97603-7194 LOCATION city or town state
20a Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601 NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) DATE SIGNED (Mo., Day, Year)
20b April 18, 1986 DATE RECEIVED BY REGISTRAR (Mo., Day, Year) REGISTRAR
21a 21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DATE SIGNED (Mo., Day, Year)
22a 22b IMMEDIATE CAUSE PART I (a) ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).
(b) Cerebral Metastasis
(c) Melanoma of skin
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b) and (c).
23 No ACCIDENT (Specify Yes or No) 24 No AUTOPSY (Specify Yes or No)
25 No INJURY AT WORK (Specify Yes or No) 26a No PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
26b No DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
26c No WAS GIFT MADE? YES ☐ NO ☐ N/A ☐
26d No RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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.

MARIAN ACKERMAN, Registrar Vital Statistics
By Johnnie C. Johnson Deputy Registrar
Date April 19, 1986

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.
Johnnie C. Johnson, P.O. Box 436, Keno 97627

STATE OF OREGON: COUNTY OF KLAMATH: ss. Johnnie C. Johnson
Filed for record at request of June A.D. 19 88 at 9:59 o'clock A. M. and duly recorded in Vol. M88 day 28
of June on Page 10047
FEE \$8.00
By Evelyn Biehn County Clerk
Pauline Miller