31059 Vol M88 Page 14401

'88 SEP 2 PM 3 12

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

I.D. No. 21071 | Local File Number 653-37 | State File Number 138

DECEDENT

1. DECEDENT'S NAME: First Joe; Middle —; Last MIXON
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 12, 1988
4. SOCIAL SECURITY NUMBER: 443 16 3092
4a. AGE - Last Birthday (Years): 70
5b. UNDER 1 YEAR: Months —; Days —
5c. UNDER 1 DAY: Hours —; Minutes —
6. BIRTHPLACE (City and State or Foreign Country): Idabel, OK
7. DATE OF BIRTH (Month, Day, Year): June 3, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): VA Roseburg VA Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Roseburg
9d. COUNTY OF DEATH: Douglas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired"): Mill Worker
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ruby
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: 97601
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 526 McCourt Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: —
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): —; College (1-4 or 5+): —

PARENTS

17. FATHER - NAME: first John; middle —; last Mixon
18. MOTHER - NAME: first Susan; middle —; maiden McGee
19. INFORMANT - NAME and relationship to deceased: Ruby N. Mixon - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): —
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Edwin B. Stanton
21b. LICENSE NUMBER (Of Licensee): 3371
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Mem. Chapel, 515 Pine Street, Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 1900 P M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Peter Zidd MD
26. DATE SIGNED (Month, Day, Year): August 12, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year)

DOUGLAS COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): PETER ZIDD, M.D., Roseburg VA Medical Center, Roseburg, OR 97470
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): ASHOKE DAS, M.D.

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I
(a) Septicemia secondary to recurrent pneumonia — Interval between onset and death: unknown
DUE TO, OR AS A CONSEQUENCE OF:
(b) Small and large bowl fistulae with peritonitis secondary to (Con't) — Interval between onset and death: unknown
DUE TO, OR AS A CONSEQUENCE OF:
(c) Colostomy closure — Interval between onset and death: unknown
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a).
Chronic obstructive pulmonary disease, severe malnutrition
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY: M
36c. INJURY - AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Janice Brock
38. DATE FILED (Month, Day, Year): AUG 19 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE:

ORIGINAL – VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON)
COUNTY OF DOUGLAS) SS.

Date of Issue AUG 19 1988

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

SEAL

PETER C. MULDER
Registrar of Vital Records for
Douglas County, Oregon
By Janice Brock
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 2nd day of Sept. A.D., 19 88 at 3:12 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 14401.

Evelyn Biehn County Clerk
By Pauline Millsaps

FEE $8.00
Return: Ruby Mixon,
526 McCourt, K.Falls, Or. 97601