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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

DESTON ELLMORE BASSFORD | Male | Sept. 22, 1988 | STATE FILE NUMBER

DECEDENT

4. AGE—LAST BIRTHDAY (Yrs.)	5. UNDER 1 YEAR: MOS. / DAYS	6. UNDER 1 DAY: HOURS / MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. COUNTY OF DEATH
74			Sept. 9, 1914	Mason

9. CITY, TOWN OR LOCATION OF DEATH	10. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1. ☐ HOME, 2. ☐ IN TRANSPORT, 3. ☒ EMERG. RM/OUT PTN., 4. ☐ HOSP., 5. ☐ NUR. HOME, 6. ☐ OTHER PLACE)	11. BIRTH STATE (If not USA give country)
Shelton	D.E.R. — Mason General Hospital	California

12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	13. SPOUSE (If Wife give Maiden Surname)	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	15. SOCIAL SECURITY NO.	16. HIGH SCHOOL GRAD (Yes/No)
Married	Vina Fleming	No	243-10-0486	Yes

17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.)	18. KIND OF BUSINESS OR INDUSTRY	19. RACE (White, Black, Am. Ind., etc. Specify)	20. Was Decedent of Hispanic Origin? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. ☐ Yes 2. ☒ No (specify)
Line Foreman	Pac. Pwr. & Light	White	

21. SMOKING IN LAST 15 YEARS (Yes/No)	22. RESIDENCE—NUMBER AND STREET	23. CITY, TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes/No)	25. COUNTY	26. STATE	27. ZIP CODE
No	4909 Darwin Place	Klamath Falls	No	Klamath	OR	97603

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
William O. Bassford	Gladys Reid

DISPOSITION

30. INFORMANT—NAME	31. MAILING ADDRESS (STREET OR RFD NO.)	CITY OR TOWN	STATE	ZIP
Vina Fleming	4909 Darwin Place	Klamath Falls,	OR	97603

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo., Day, Yr.)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	Sept. 27, 1988	Mt. Laki Cemetery	Klamath Falls, OR.

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Davenport's Chapel of the Good Shepherd	6420 S. 6th St. Klamath Falls, OR 97603

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X D.L. Magnotto MD	43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X
40. DATE SIGNED (Mo., Day, Yr.): 9/22/88	41. HOUR OF DEATH (24 Hrs.): 1600
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	44. DATE SIGNED (Mo., Day, Yr.) / 45. HOUR OF DEATH (24
	46. PRONOUNCED DEAD (Mo., Day, Yr.) / 47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): D.L. Magnotto, M.D. D.E.R. Mason General Hospital, 2100 Sherwood Lane, Shelton WA 98584

CAUSE OF DEATH

49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		INTERVAL BETWEEN ONSET AND DEATH
	(A) Cardiac Arrest	Brief
	DUE TO, OR AS A CONSEQUENCE OF: (B) ASHD	Yrs.
	DUE TO OR AS A CONSEQUENCE OF: (C)	

50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE	51. AUTOPSY? (Yes, No)	52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER) (Yes/No)
	No	Yes

53. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	54. INJURY DATE (Mo., Day, Yr.)	55. HOUR OF INJURY (24 Hrs.)	56. DESCRIBE HOW INJURY OCCURRED

57. INJURY AT WORK? (Yes/No)	58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)	59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

60. REGISTRAR SIGNATURE	61. DATE RECEIVED (Mo., Day, Yr.)
X J. Joanne Hoover, MD, MPH	SEP 23 1988

FOR STATE REGISTRAR USE ONLY

62. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE	63. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE

DSHS 9-150 (Rev. 1-88) 1187

This is to certify that the foregoing is a true, full, and correct copy of the original certificate of death of DESTON ELLMORE BASSFORD temporarily on file in this office.

Date: September 23, 1988
Shelton, Washington

J. Joanne Hoover, MD, MPH
Health Officer and Registrar
By Barbara R. Tucker

DSHS 9-641A (11/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of Oct. A.D., 1988 at 2:15 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 17447.

Evelyn Biehn, County Clerk
By Darlene Mullenaux

FEE $8.00
Return: Vina Bassford
4909 Darwin Pl. Klamath Falls, Or 97603