

Vital Records Unit

TYPE  
PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
FRACTIONS  
SEE  
INSTRUCTIONS

DEATH  
CERTIFIED IN  
TITUTION  
HANDBOOK  
GARDING  
PLETION OF  
ANCE ITEMS

POSITION

ADJUTANT

CONDITIONS  
IF ANY  
HIGH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
ATTENDING THE  
UNDERLYING  
CAUSE LAST

USE OF  
DEATH

4  
5  
6

309 Local File Number		State File Number	
DECEASED—NAME First Middle Last JOHN WALTER MILLS		DATE OF DEATH (month, day, year) August 19, 1982	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) March 13, 1906	
3 SEX Male		4 AGE—Last birthday (years) 76	
5a Under 1 year mos days		5b Under 1 day hours min	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Mt. View Care Center	
7b IF HOSP. OR INST. Indicate DOA OP/Emy, Rm, Inpatient (Specify) Inpatient		7c COUNTY OF DEATH Klamath	
8 STATE OF BIRTH (If not in U.S., name country) Colorado		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		10b SPOUSE (IF MARRIED, WIDOWED) Inez Mills	
11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		12	
13 SOCIAL SECURITY NUMBER 543-10-4132		14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Grader Operator	
14b KIND OF BUSINESS OR INDUSTRY Klamath Co. Road Dept.		14c	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath	
15c CITY, TOWN, OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D. NO. 2220 Warring St.	
15e ZIP 97601		15f Inside City Limits (specify Yes or No) Yes	
16 FATHER—NAME first middle last John Walter Mills		17 MOTHER—Maiden Name first middle last Ada Belle Gifford	
18 INFORMATION—NAME and relationship to deceased Inez B. Mills - Wife		19a LOCATION city or town state Klamath Falls, Oregon	
19b		19c	
20a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Mausoleum		20b CEMETERY OR CREMATORY—NAME Eternal Hills Mem. Gardens	
20c FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Im Lancaster		20d NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Glenn G. Galis MD		21b DATE SIGNED (Mo., Day, Yr.) AUG 23 1982	
21c HOUR OF DEATH 12:45 P.		21d	
21e NAME AND ADDRESS OF CERTIFIER (Type or Print) Glenn G. Galis, MD 1905 Main St. Klamath Falls, Ore.		21f	
21g NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21h	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 23 1982		22b REGISTRAR (Signature) Claudia Francis	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) CARDIO RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF: (b) EMBOLISM AND CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death MINUTES Interval between onset and death YEARS Interval between onset and death	
24 AUTOPSY (Specify Yes or No) No		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26a ACCIDENT (Specify Yes or No) No		26b DATE OF INJURY (Mo., Day, Yr.)	
26c HOUR OF INJURY M 26d		26e DESCRIBE HOW INJURY OCCURRED	
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26h			
RESERVED FOR REGISTRAR'S USE			

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar  
Date AUG 23 1982

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Inez Mills the 19th day  
of April A.D., 19 89 at 11:22 o'clock A.M., and duly recorded in Vol. M89,  
of Deeds on Page 6608

Evelyn Biehn County Clerk

By Claudia Francis

FEE \$8.00

Return: Inez Mills

2220 Warring, Klamath Falls, Or. 97601

99 APR 19 AM 11 22