

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

I.D. TAG NO. 227
Local File Number
State File Number 136

1. DECEDENT'S NAME: James Alexander SLUSSER
2. SEX: M
3. DATE OF DEATH: May 10, 1989
4. SOCIAL SECURITY NUMBER: 541-14-3666
5a. AGE - Last Birthday: 74
5b. Under 1 Year: Mos. Days Hours Mins.
6. BIRTHPLACE: Billings, Montana
7. DATE OF BIRTH: August 10, 1914
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH: Hospital ☐ Inpatient ☒ Outpatient ☐ CDA
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c. COUNTY OF DEATH: Klamath
10a. DECEASED'S USUAL OCCUPATION: Rural Mail Carrier
10b. KIND OF BUSINESS/INDUSTRY: Civil Service
11. MARITAL STATUS: Married
12. SPOUSE: LaVerne Kennerly
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 931 Mitchell Street
14. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No
15. RACE: White
16. DECEASED'S EDUCATION: Elementary/Secondary (8-12)
17. FATHER: Tracy Slusser
18. MOTHER: Bessie Logan
19. INFORMANT: LaVerne K. Slusser, wife
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Klamath Memorial Park
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William J. Slusser
21b. LICENSE NUMBER: 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED: MAY 12 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
27. TIME OF DEATH: 2309 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
30. DATE SIGNED: May 11, 1989
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.
33. DATE SIGNED: May 11, 1989
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601
36. IMMEDIATE CAUSE: Probable failure of Aortic Valve or Aortic Arrhythmia
37. Did tobacco use contribute to the death? ☒ Yes ☐ No
38. AUTOPSY: ☒ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: Natural
41a. DATE OF INJURY: (Month, Day, Year)
41b. TIME OF INJURY: M P
41c. INJURY AT WORK? ☒ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

ORIGINAL — VITAL STATISTICS COPY

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

DATE ISSUED

MAY 12 1989

Marian Ackerman
KLAMATH COUNTY REGISTRAR

KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of LaVerne Slusser the 15th day of May A.D., 19 89 at 2:42 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 8345

Evelyn Biehn - County Clerk

By Pauline Mulvaney

FEE \$8.00

Return: LaVerne Slusser

931 Mitchell, Klamath Falls, Or. 97601