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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

AFTER RECORDED RETURN TO:
Larry J. Atkison
1333 Avalon
Klamath Falls, oR 97603

MTC #24907-N

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'75-013962

Local File Number 311

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First JEPD Middle — Last ATKISON
2. DATE OF DEATH (month, day, year): September 17, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 71
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 1, 1904
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 4102 Douglas St.
8. STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Inez Atkison
12. SOCIAL SECURITY NUMBER: 440 - 09 - 8632
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Track Ripper - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Lumber
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 4102 Douglas St.
15. FATHER—NAME first middle last: William Rufus Atkison
16. MOTHER—Maiden Name first middle last: Elizabeth VanDoren
17. INFORMANT—NAME and relationship to deceased: Inez Atkison - Wife

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Renal cancer with metastasis — approximate interval between onset and death: years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(b) due to, or as a consequence of:
(c) due to, or as a consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Strokes, multiple

19a. AUTOPSY (yes or no): No
19b. If YES were findings considered in determining cause of death?

20a. ACCIDENT (specify yes or no): No
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year Sept 6 1975 to month day year Sept 8 1975
And Last Saw Him/Her Alive on: month day year Sept. 8 1975
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour) 3:18 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

ME

22a. PHYSICIAN—SIGNATURE: Everett Howard
22b. NAME (type or print): Everett E. Howard M.D. degree or Title
22c. DATE SIGNED (month, day, year): Sept. 18, 1975
23. MAILING ADDRESS—PHYSICIAN: 2622 Campus Drive, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Sept. 19, 1975
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Wards
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601 Klamath Falls,
26a. REGISTRAR—SIGNATURE: Marian J. Shannon
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 1 6 1975
27. DATE RECEIVED BY STATE REGISTRAR: SEP 2 6 1975
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JAN 17 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. of Jan. A.D., 1991 at 2:02 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 1341.

FEE $8.00

Evelyn Biehn, County Clerk
By Darlene Mullendore