

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

5366

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State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

82-014881

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK

FOR
INSTRUCTIONS
SEE
MANUAL

DECEDENT

IF DECEASED
WAS
A
NATIVE
BORN
CITIZEN
OF
THE
UNITED
STATES
OF
AMERICA
CHECK
THIS
BOX

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH
CAUSE
THE
DEATH
SHOULD
BE
STATED
HERE
ON
THIS
FORM

CAUSE OF
DEATH

320

Vital Records Unit

Local File Number

State File Number

DECEASED - NAME BESSIE M. DIXON		DATE OF DEATH (month, day, year) September 6, 1982	
RACE White	SEX Female	AGE - Last birthday 91	DATE OF BIRTH (month, day, year) January 26, 1891
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME Klamath Co. Nursing Home	COUNTY OF DEATH Klamath
STATE OF BIRTH (if not in U.S. all range country) LOWA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one) Widowed	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify for or not) No
SOCIAL SECURITY NUMBER 5142-46-5602	USUAL OCCUPATION (Specify kind of work done during most of last 12 months) Housewife	SPOUSE (if married, widowed) Louie B. Dixon	END OF BUSINESS OR INDUSTRY Homemaker
RESIDENCE - STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP Rt 2 Box 704 97601
FATHER - NAME Salem Ezra Icembice	MOTHER - Maiden Name Ada June Farney	INFORMANT - Name and relationship to decedent Charles Dixon, son	
BURIAL, CREMATION, REMAINS, NAME (check one) Burial	CEMETERY OR CREMATORY - NAME Mt. Lodi Cemetery	LOCATION Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSED BY THE STATE OF OREGON William J. Davenport		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
NAME AND ADDRESS OF CERTIFIER David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601		DATE SIGNED (Mo. Day Yr) 9-7-82	HOUR OF DEATH 4:00 P.
DATE RECEIVED BY REGISTRAR (Mo. Day Yr) SEP 8 1982		IMMEDIATE CAUSE Arteriosclerotic Cardiovascular Disease	
DUE TO, OR AS A CONSEQUENCE OF Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Years	
OTHER SIGNIFICANT CONTRIBUTIONS Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Years	
ACCIDENT (Specify time of day) No	DATE OF INJURY (Mo. Day Yr) No	HOW INJURY OCCURRED No	WAS MEDICAL EXAMINER NOTIFIED (Specify time of day) No
INJURY AT WORK (Specify time of day) No	PLACE OF INJURY (Specify time of day) No	LOCATION No	CITY OR TOWN No

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

DATE ISSUED **AUG 23 1995**

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Charles D. Dixon** the **30th** day of **Aug** A.D., 19 **95** at **1:41** o'clock **P** M., and duly recorded in Vol. **M95** of **Deeds** on Page **23407**

FEE \$10.00
Ret: Charles Dixon, 5180 Reeder Rd
Klamath Falls, OR 97603

Bernetha G. Lisch, County Clerk
By **Spittie Huley**