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AFTER RECORDING RETURN TO: DONALD R. CRANE, ATTY., P.O. BOX 5261, KLAMATH FALLS, OREGON 97601

PERMANENT BLACK INK

223971

I.D. TAG NO.

256
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136
State File Number

DECEDENT

1. DECEDENT'S NAME — First: Irving — Middle: Clyde — Last: DIXON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 10, 1997
4. SOCIAL SECURITY NUMBER: 543 18 6350
5a. AGE Last Birthday (Years): 79
5b. Under 1 Year — Mos — Days
5c. Under 1 Day — Hours — Mins
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR.
7. DATE OF BIRTH (Month, Day, Year): Jan. 17, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Farmer
10b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Arlene
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5462 Shasta Way
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 1

PARENTS

17. FATHER - NAME first, middle, last: Sam - Dixon
18. MOTHER - NAME first, middle, maiden: Florence Birdie Galbreath
19. INFORMANT - NAME and relationship to decedent: Arlene Dixon / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): MAY 14 1997
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1630 M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] No
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) James F. Novak MD
30. DATE SIGNED (Month, Day, Year): 5-13-97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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. (Signature)
33. DATE SIGNED (Month, Day, Year) — COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James F. Novak, MD / 1905 Main Street / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE *UNDERLYING CAUSE LAST.*

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Hypoxia — Interval between onset and death: 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Pleural Effusions — Interval between onset and death: 2 w
DUE TO, OR AS A CONSEQUENCE OF:
(c) Carcinoma of Lung — Interval between onset and death: 8 Mo

PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not resulting in the underlying cause given in PART I: Hypertension, COPD

37. Did tobacco use contribute to the death? [X] Yes [ ] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Other [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [X] 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)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: MAY 14 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

[Seal: STATE OF OREGON] [Seal: COUNTY DEPARTMENT OF ... OREGON]

STATE OF OREGON: COUNTY OF KLAMATH : ss.