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ID. TAG NO.320
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First Middle Last James Albert JOHNSON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 14, 1999
4. SOCIAL SECURITY NUMBER 540-30-8447	5a. AGE Last Birthday (Years) 69	5b. Under 1 Year Months Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Stanley, Wisconsin
7. DATE OF BIRTH (Month, Day, Year) October 9, 1929		8. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Outpatient ☐ DOA ☐ Other	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Linda	
13. RESIDENCE - STATE Oregon		14. RESIDENCE - CITY, TOWN, OR LOCATION Klamath Falls	
15. RESIDENCE - STREET AND NUMBER 2515 California Ave		16. RACE American Indian, Black, White, etc. (Specify) White	
17. EDUCATION (Specify only highest grade completed) 12		18. EDUCATION (Specify only highest grade completed) College (1-4 or 5+)	
19. FATHER - NAME first middle last Arthur Rudolph Johnson		20. MOTHER - NAME first middle maiden Senia Evelyn Hill	
21. METHOD OF DEPOSITION ☒ Burial ☐ Cremation ☐ Other		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
23. DATE SIGNED (Month, Day, Year) June 15, 1999		24. SIGNATURE OF CERTIFYING PHYSICIAN Robert Bohnen	
25. NAME, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert Bohnen, MD 2610 Uhrmann Rd., Klamath Falls, OR 97601		26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
27. TIME OF DEATH 1400		28. DATE OF DEATH June 14, 1999	
29. TIME OF DEATH 1400		30. DATE OF DEATH June 14, 1999	
31. TIME OF DEATH 1400		32. DATE OF DEATH June 14, 1999	
33. TIME OF DEATH 1400		34. DATE OF DEATH June 14, 1999	
35. TIME OF DEATH 1400		36. DATE OF DEATH June 14, 1999	
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97. TIME OF DEATH 1400		98. DATE OF DEATH June 14, 1999	
99. TIME OF DEATH 1400		100. DATE OF DEATH June 14, 1999	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 1400	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH 1400	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) June 14, 1999
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Robert Bohnen		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) Robert Bohnen	
30. DATE SIGNED (Month, Day, Year) June 15, 1999		33. DATE SIGNED (Month, Day, Year) June 15, 1999	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert Bohnen, MD 2610 Uhrmann Rd., Klamath Falls, OR 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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State of Oregon, County of Klamath
Recorded 6/21/99, at 1:09 pm.
In Vol. M99 Page 24310
Linda Smith,
County Clerk Fee\$ 15.00

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