

PERMANENT
BLACK INK225047
I.D. TAG NO.312
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

1 DECEASED'S NAME Evadna		Last PAYTON		2 SEX Female	3 DATE OF DEATH (Month, Day, Year) June 11, 1997
4 SOCIAL SECURITY NUMBER 540-20-2517	5a AGE Last Birthday (Years) 75	5b Under 1 Year Ages	5c Under 1 Day Hours	6 BIRTHPLACE (City and State or Foreign Country) Ontario, Oregon	7 DATE OF BIRTH (Month, Day, Year) June 26, 1921
8 WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No					
9a PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ JCOA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)					
9b FACILITY NAME (If not institution, give street and number) 1027 Laurel Street			9c CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d COUNTY OF DEATH Klamath
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Counselor		10b KIND OF BUSINESS/INDUSTRY Juvenile Department		11 MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married	12 SPOUSE (If married, Widowed) John Payton
13a RESIDENCE - STATE Oregon	13b COUNTY Klamath	13c CITY, TOWN OR LOCATION Klamath Falls		13d STREET AND NUMBER 1027 Laurel Street	
13e INSIDE CITY LIMITS? ☐ Yes ☒ No	13f ZIP CODE 97603	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify Rio or Rio. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes Specify		15 RACE American Indian or Black, White, etc. (Specify) White	16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary Secondary (12) College (14 or 5+) 2+
17 FATHER - NAME first middle last Henry A. Casiday		18 MOTHER - NAME first middle maiden Lois -- Sweek		19 INFORMANT - NAME and relationship to deceased John Payton - Spouse	
20a METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory		20c LOCATION - City or Town, State Klamath Falls, Oregon	
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wendy W. Bunch</i>		21d LICENSE NUMBER (Of Licensee) AF - 1511	22 NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home		
23 DATE FILED (Month, Day, Year) JUN 16 1997		24 REGISTRAR'S SIGNATURE <i>Marlene B. Evans</i>			
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A					

27 TIME OF DEATH 0930		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. (Signature) <i>David S. Dassoff</i> M.D.		
30 DATE SIGNED (Month, Day, Year) June 12, 1997		
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print) David S. Dassoff, M.D. 1905 Main Street Klamath Falls, Oregon 97601		
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		

31a TIME OF DEATH 0930		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) June 11, 1997
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) <i>David S. Dassoff</i>		
33 DATE SIGNED (Month, Day, Year) June 12, 1997		
COUNTY Klamath		

34 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)		Interval between onset and death 6 months
PART (a) Malnutrition		Interval between onset and death 3 years
PART (b) Severe atherosclerosis		Interval between onset and death
PART (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART 1 Coronary heart failure		
35a DATE OF INJURY (Month, Day, Year) June 11, 1997	35b TIME OF INJURY 0930	35c INJURY AT WORK? ☐ Yes ☒ No
36a PLACE OF INJURY: At home (farm, street, factory, office, building, etc.) (Specify)		36b DESCRIBE HOW INJURY OCCURRED
37a DATE OF DEATH June 11, 1997		37b AUTOPSY ☐ Yes ☒ No
37c TIME OF DEATH 0930		37d YES were findings concerning or determining cause of death ☐ Yes ☒ No ☐ N/A

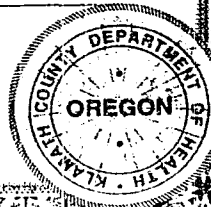
38a MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other	38b PLACE OF DEATH At home	38c LOCATION (Street and Number or Rural Route Number, City or Town, State) Klamath Falls, Oregon
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DATE ISSUED: **JUN 16 1997**

Marlene B. Evans
MARLENE B. EVANS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



1997 JUN 28 AM 9:21

25389

State of Oregon, County of Klamath
Recorded 6/28/99, at 9:21 a m.
In Vol. M99 Page 25388
Linda Smith,
County Clerk Fee \$ 15 *RL*

Unofficial
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