

99025

VAT 465 Page 27

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE OF TEXAS		STATE FILE NO.	
1. PLACE OF BIRTH a. COUNTY <u>Clay</u>		3. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Oregon</u> b. COUNTY <u>Klamath</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Henrietta, Texas</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Klamath Falls</u>	
c. LENGTH OF STAY in 1 b. <u>DOA Clay Co. Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1912 Laurel Street</u>	
4. HOSPITAL OR INSTITUTION a. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. NAME OF DECEASED (Type or print) a. First <u>William</u> b. Middle <u>Frank</u> c. Last <u>Waggoner</u>		6. DATE OF DEATH <u>June 29, 1965</u>	
7. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		8. AGE (In years last birthday) <u>52</u>	
9. COLOR OR RACE White <input checked="" type="checkbox"/> Negro <input type="checkbox"/> Other <input type="checkbox"/>		10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	
11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Waggoner</u>		14. MOTHER'S MAIDEN NAME <u>Amie Darden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>458-01-0777</u>		16. SOCIAL SECURITY NO. <u>458-01-0777</u>	
17. INFORMANT <u>Mrs. Clay Simmons</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>  </u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY Hour <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u>	
20c. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>  </u>	
20e. CITY, TOWN, OR LOCATION <u>Henrietta, Texas</u>		20f. COUNTY <u>Clay</u>	
20g. STATE <u>Texas</u>		21. I hereby certify that the above and foregoing is a true and correct copy of the death certificate as the same appears of Record in Vol. 4, Page 95, as fully as the same appears of Record in Vol. 4, Page 95, Death Records of Clay County, Texas.	
22. SIGNATURE <u>Joe Peden</u>		23. DATE <u>June 30, 1965</u>	
24. LOCATION <u>Klamath Falls</u>		25. DATE REC'D BY LOCAL REGISTRAR <u>6-30-1965</u>	
26. REGISTRAR'S FILE NO. <u>1741</u>		27. NAME OF CEMETERY OR CREMATORY <u>Klamath Falls Cemetery</u>	
28. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Hawkins</u>		29. REGISTRAR'S SIGNATURE <u>C.M. Peden, J.P.</u>	
30. IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING: Name of organization in which service was rendered? <u>  </u>		31. IF DECEASED WAS MARRIED, FILL OUT THE FOLLOWING: Name of husband or wife <u>  </u>	
32. IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING: Color of Eyes? <u>  </u>		33. IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING: Color of Hair? <u>  </u>	
34. Deformities? <u>  </u>		35. Height? <u>  </u>	
36. Color of Skin? <u>  </u>		37. Weight? <u>  </u>	
38. Tattoos? <u>  </u>		39. Other marks of identification? <u>  </u>	

STATE OF TEXAS  
COUNTY OF CLAY

I, John J. McGee, Clerk of the County Court of Clay County, Texas, do hereby certify that the above and foregoing is a true and correct copy of: Death Certificate of WILLIAM FRANK WAGGONER as fully as the same appears of Record in Vol. 4, Page 95, Death Records of Clay County, Texas.

Witness my hand and seal of the County Court of said County, at my office in Henrietta, Texas, this the 10th day of July A.D. 1965.

John J. McGee  
John J. McGee  
County Clerk, Clay County, Texas

By Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Ganong & Gordon

This is 12 day of July A.D. 1965 at 2:30 P.M., and

duly recorded in Vol. 1165 of Deeds on Page 71

By Dorothy Rogers, County Clerk

Dec. 1:50