70668

NOV 22 2 30 PM 1972 Vol. M 72 Page 13545

'72-00567

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number 141

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (First, Middle, Last): 1. Kenneth W. Wade

DATE OF DEATH (month, day, year): 2. April 15, 1972

RACE (White, Negro, American Indian, etc. (specify)): 3. White

SEX: 4. Male

AGE—last birthday (years): 5a. 67 | Under 1 Year: 5b. mos. days | Under 1 Day: 5c. hours min.

DATE OF BIRTH (month, day, year): 6. Dec. 5, 1904

DECEASED

COUNTY OF DEATH: 7a. Klamath

CITY, TOWN, OR LOCATION OF DEATH: 7b. Klamath Falls

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d. Pres. Intercomm. Hospt.

STATE OF BIRTH (if not in U.S.A. name of country): 8. Nebraska

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. Huldah Wade, Wife

SOCIAL SECURITY NUMBER: 12. 543-20-6211

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Millworker

KIND OF BUSINESS OR INDUSTRY: 13b. Lumber

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Klamath

CITY, TOWN, OR LOCATION: 14c. Klamath Falls

Inside City Limits (specify yes or no): 14d. Yes

STREET AND NUMBER OR RFD: 14e. 3486 Beverly Dr.

FATHER—NAME first middle last: 15. John Wade

MOTHER—Maiden Name first middle last: 16. Celia Wilson

INFORMANT—NAME and relationship to deceased: 17. Huldah Wade, wife

410.9

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. Immediate Cause (a) due to, or as a consequence of: Arteriosclerotic heart disease

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) due to, or as a consequence of: Coronary occlusion

(c)

Approximate interval between onset and death: years minute

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

AUTOPSY (yes or no): 19a. No

IF YES were findings considered in determining cause of death: 19b.

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): 20a.

HOUR: 20b. M.

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): 20c.

INJURY AT WORK (specify yes or no): 20d.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20e.

LOCATION (street or R.F.D. No., city or town, county, state): 20f.

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (hour): 21a. 3:05 P. M.

THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): 21b. April 15, 1972 3:05 P.M.

FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

CERTIFIER—SIGNATURE: 22a. Neil Black MD

NAME—(type or print): 22b. Neil F. Black, Med. Inves., M.D. Degree or Title

MEDICAL INVESTIGATOR FOR: 23. Klamath COUNTY

DATE SIGNED (month, day, year): 20 Apr 72

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills

LOCATION city or town state: 24c. Klamath Falls, Oregon

DATE (month, day, year): 24d. 4-19-72

FUNERAL DIRECTOR—SIGNATURE: 25a. Mabel Ohair #314

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Or 97601

REGISTRAR—SIGNATURE: 26a. Winifred Murphy

DATE RECEIVED BY LOCAL REGISTRAR: 26b. April 20, 1972

DATE RECEIVED BY STATE REGISTRAR: 27. MAY - 1 1972

RESERVED FOR REGISTRAR'S USE: 28.

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED: November 13, 1972

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE OF OREGON 1859

STATE REGISTRAR

VS-112 Rev. 7-71

SP*67315-333

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of HULDAH WADE

this 22 day of November A. D., 1972 at 2:30 o'clock P M., and duly recorded in Vol. M 72, of DEEDS on Page 13545

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Dragel