JUN 17 12 00 PM 1974

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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M-74 Page 7439

CERTIFICATE OF DEATH

Local File Number: 177
State File Number:

DECEASED

1. DECEASED—NAME: First: Clarence; Middle: LeRoy; Last: Welch
2. DATE OF DEATH (month, day, year): June 11, 1974
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 42
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): November 6, 1931
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): P. 1. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Mary Welch
12. SOCIAL SECURITY NUMBER: 543-32-1786
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger
13b. KIND OF BUSINESS OR INDUSTRY: Lumber

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Box 483
15. FATHER—NAME (first, middle, last): Clarence LeRoy Welch
16. MOTHER—Maiden Name (first, middle, last): Hallie Large
17. INFORMANT—NAME and relationship to deceased: Mary Welch: Wife

CAUSE

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

18. immediate cause
(a) Acute Myocardial Infarction — approximate interval between onset and death: 5 days
due to, or as a consequence of:
(b)
due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

1.
2.
3.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: June 7 74 to June 11, 1974; And Last Saw Him/Her Alive on: Jun 11 74; I Did/Did Not view the body after death (specify): did; DEATH OCCURRED (hour): 8:38 P M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Craig A Bennett MD
22b. NAME (type or print): Craig A. Bennett; degree or Title: M.D.
22c. DATE SIGNED (month, day, year): June 14 74
23. MAILING ADDRESS—PHYSICIAN: 1905 Main, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): 6-14-74
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel:515 Pine,Klamath Falls,Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 14 1974
27. DATE RECEIVED BY STATE REGISTRAR:

4.
5.
6.

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON
County of Klamath
This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

VELDON C. BOGE, M.D., Registrar Vital Statistics

(SEAL)

By Marian Ackerman, Deputy Registrar
Date JUN 14 1974 19
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Mary Wilch
this 17th day of June A. D., 19 74 at 12:00 o'clock P M., and duly recorded in Vol. M-74 of Deed on Page 7439.

Fee $2.00

WM. D. MILNE, County Clerk
By Deann Cover Deputy

Mary Welch
P.O. Box 483
Chiloquin, Ore

$ 2.00