OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

90323

Vol. 174 Page 7806

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 207

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: WILBUR; Middle: FENTON; Last: SELLARS

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION (If outside corporate limits, write in to specify): Klamath Falls; C. LENGTH OF STAY IN SB: 24 years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Hillside Hospital

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon; B. COUNTY: Klamath; C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC.: 2353 Applegate

4. DATE OF DEATH: July 11 1962

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 430-01-4433

9. USUAL OCCUPATION (Kind of work done during most of life): Millwright

10. KIND OF BUSINESS OR INDUSTRY: Kesterson's mill

11. NAME OF SPOUSE: Edith Sellars

12. DATE OF BIRTH: June 7 1904

13. AGE LAST BIRTHDAY: 58 — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (City or Town, State or Country): Glenwood, Arkansas

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country (Name of Country)

16. IF DECEASED WAS A VETERAN, WHAT WAR: No

17. NAME OF FATHER: William Sellars

18. MAIDEN NAME OF MOTHER: Nannie Arnold

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Edith Sellars (Wife)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN 20A, 20B AND 20C.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary Occlusion — Interval Between Onset and Death: 2 to 3 hrs
(Conditions, if any, DUE TO (B): Hypertensive Heart Disease — years
which gave rise to the above stating the underlying cause last. DUE TO (C):

PART II. Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (20a).

21. WAS DEATH RESULT OF: ☐ Homicide ☐ Suicide
22. IF ACCIDENT, SUICIDE OR INJURY: ☐ At Work
22A. PLACE OF INJURY (Home or Farm, Street, Factory, etc.) — 22B. City / County
22C. TIME OF: Hour / Month / Day / Year
22D. DESCRIBE HOW INJURY OCCURRED

23. If Accident, Was There a Pregnancy in the past 12 Months? ☐ Yes ☐ No ☐ Unknown
24. Was an Autopsy Performed? ☐ Yes ☒ No

25. CERTIFICATE: 7/11/62 I Attended the deceased from 7/11/62 to 7/11/62 and last saw the deceased alive on 7/11/62 at 1130 a.m. Death occurred at 1130 a.m. from the causes and on the date stated above.
► I. Martin Adams, M.D. (Signature) Coroner (Title) Klamath Falls, Oregon (Address) 7/12/62 (Date Signed)

26. RESERVED FOR REGISTRAR'S USE

CERTIFICATION

26A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Donated ☐ Other
26B. DATE: 7/14/62
26C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Garden
26D. LOCATION (City or Town, State): Klamath Falls, Oregon

27. DATE RECEIVED BY LOCAL REGISTRAR: 7-13-62
28. REGISTRAR'S SIGNATURE: ► Marian Ackerman
29. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Wm P. Kendall Klamath Falls, Oregon

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.

(SEAL)

By _____ Deputy
Registrar Vital Statistics

Date July 13, 1962

Return: Joyce Sellars
1777 Kimberly Drive
VS-10-2756

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of JOYCE SELLARS

this 25th day of June A. D., 1974 at 1:54 o'clock P M., and duly recorded in Vol. M 74, of DEEDS on Page 7806

FEE $ 2.00

WM. D. MILNE, County Clerk
By Hazel Wagner Deputy