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RECEIVED JAN 6 1975
12:10 Pm
STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 75 Page 172

436
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: IVER Middle: CARL Last: WALLIN
2. DATE OF DEATH (month, day, year): December 30, 1974
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 68 — 5b. Under 1 year: mos. / days — 5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): October 18, 1906
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: - - -
12. SOCIAL SECURITY NUMBER: 543 - 10 - 1370
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter - Retired
13b. KIND OF BUSINESS OR INDUSTRY: Building

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: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1101 Wall
15. FATHER—NAME first middle last: Emanuel Wallin
16. MOTHER—Maiden Name first middle last: Anna Hjelm
17. INFORMANT—NAME and relationship to deceased: Gloria J. Wallin - Daughter

CAUSE

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

18. immediate cause
(a) Cardiac + Respiratory Arrest — approximate interval between onset and death: 3 min

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of:
(b) Chronic Lung Disease + Cardiac decompensation
due to, or as a consequence of:
(c) COPD + ASHD

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): -CA Carcinoma of Lung + Acute Renal Failure
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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year to 12/30/74 — And Last Saw Him/Her Alive on: 12/30/74 — I Did/Did Not view the body after death (specify): did not — DEATH OCCURRED (hour): 9:05 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Fred B. Oldham MD
22b. NAME (type or print): Fred B. Oldham — degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 1/2/75
23. MAILING ADDRESS—PHYSICIAN: street: 2624 Campus Drive — city or town: Klamath Falls — state: Oregon — zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gar.
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Jan. 3, 1975
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S KLAMATH FUNERAL HOME, INC. - Box 277 - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 3 1975
27. DATE RECEIVED BY STATE REGISTRAR:
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.

(SEAL)

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

By Marian Ackerman Deputy Registrar
Date JAN 3 1975 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GLORIA J. WALLIN

this 6th day of JANUARY A. D., 1975 at 12;10 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 172

WM. D. MILNE, County Clerk

By Hazel Dragel Deputy

Ret: Gloria Wallin
1101 Wall
City