Vol. M76 Page 4889

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

12272
2
Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

DECEASED NAME First: PAUL Middle: CHESTER Last: WARD

DATE OF DEATH (month, day, year): 2. January 1, 1976

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

SEX: 4. Male

AGE—Last birthday (years): 5a. 64 | Under 1 year: mos. 5b. days | Under 1 day: hours 5c. min.

DATE OF BIRTH (month, day, year): 6. November 13, 1912

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. Presbyterian Intercommunity

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

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

CITIZEN OF WHAT COUNTRY: 9. USA

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

NAME OF SPOUSE: 11. Dorothy Ward

SOCIAL SECURITY NUMBER: 12. 51[illegible] - [illegible] - 0496

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

KIND OF BUSINESS OR INDUSTRY: 13b. Klamath Falls Elks Lodge # 1247

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 R.F.D.: 14e. 1990 Fremont St.

FATHER—NAME first middle last: 15. Chester Ward

MOTHER—Maiden Name first middle last: 16. Olga Bystad

INFORMANT—NAME and relationship to deceased: 17. Dorothy Ward - Wife

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. immediate cause (a) SUBARACHNOID HEMORRHAGE — 2 DAYS

due to, or as a consequence of:

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

due to, or as a consequence of:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): NONE

AUTOPSY (yes or no): 19a. NO

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

ACCIDENT (specify yes or no): 20a. NO

DATE OF INJURY (month, day, year): 20b. NO

HOUR: 20c. M.

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

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

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

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

**CERTIFIER**

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 12 / 30 / 75 To month day year 1 / 1 / 76

And Last Saw Him/Her Alive on: month day year 1 / 1 / 76

I Did/Did Not view the body after death (specify): DID NOT

DEATH OCCURRED (hour): 10:25 PM. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: Thomas E. Klump

NAME (type or print) degree or title: Thomas E. Klump M.D.

DATE SIGNED (month, day, year): 22c. 1/5/76

MAILING ADDRESS—PHYSICIAN street city or town state zip: Medical-Dental Building Klamath Falls, Oregon 97601

**BURIAL**

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

CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills Mem. Gar.

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

DATE (mo., day, year): 24d. Jan. 5, 1976

FUNERAL DIRECTOR—SIGNATURE: James K. Ward

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601 Klamath Falls,

REGISTRAR—SIGNATURE: Marion Coleman

DATE RECEIVED BY LOCAL REGISTRAR: 26b.

DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE: 29.

Return to: CRANE & BAILEY ATTORNEYS AT LAW 325 MAIN STREET KLAMATH FALLS, OREGON 97601

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

By Marion Coleman, Deputy Registrar
Date 19
VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of APRIL A.D., 19 76 at 2:20 o'clock P.M., and duly recorded in Vol. M76, of on Page

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

FEE $ 3.00