17995 284
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M 76 Page 13062
State File Number

'76 AUG 23 PM 12 45

DECEASED

1. DECEASED—NAME First: Albert	Middle: E.	Last: Taylor			2. DATE OF DEATH (month, day, year): August 17, 1976	
3. RACE (White, Negro, American Indian, etc. (specify)): White	4. SEX: Male	5a. AGE—Last birthday (years): 55	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year): December 16, 1920	
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): Pres. Intercomm. Hospt.			
8. STATE OF BIRTH (If not in U.S.A., name country): Wyoming	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Emily Taylor			
12. SOCIAL SECURITY NUMBER: 565-36-9517	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Administrator National Parks	13b. KIND OF BUSINESS OR INDUSTRY: U.S. Government Parks				
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 1735 Kane St.		
15. FATHER—NAME first middle last: Albert E. Taylor	16. MOTHER—Maiden Name first middle last: Cora E. Watson	17. INFORMANT—NAME and relationship to deceased: Emily Taylor, 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	Bronchiolo-alveolar metastatic malignant neoplasm	> 3 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of:	a. Respiratory Failure	2 days
(c)		

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

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	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 8 day 3 year 76 to month Aug. day 17 year 1976 — And Last Saw Him/Her Alive on: month 8 day 1 year 76 — I did/did not view the body after death (specify) — DEATH OCCURRED (hour) 2:35 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Kenneth L. Tuttle M.D.
22b. NAME (type or print) Kenneth L. Tuttle degree or Title M.D. (~~Charles D. Bury~~)
22c. DATE SIGNED (month, day, year): 8-19-76

23. MAILING ADDRESS—PHYSICIAN: 2850 Daggett St., Klamath Falls, Oregon 97601 (street / city or town / state / zip)

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town	state	24d. DATE (mo., day, year)
Burial	Eternal Hills Mem. Gard	Klamath Falls,	Oregon	8-20-76

25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 2 0 1976
27. DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

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

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 Marian Cashman / Deputy Registrar
Date AUG 2 0 1976
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(SEAL)

VOID IF ALTERED

net: Emily Taylor
1735 Kane
Klam.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of AUGUST A.D., 1976 at 12;45 o'clock P M., and duly recorded in Vol N 76, of DEEDS on Page 13062.

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

FEE $ 3.00