15185

STATE OF OREGON — HEALTH DIVISION Vol. M76

Vital Statistics Section

322

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME	First	Middle	Last					DATE OF DEATH (month, day, year)	
	Dale	F.	West					2. Sept. 19, 1976	
RACE White, Negro, American Indian, etc. (specify)	SEX	AGE—last birthday (years)	Under 1 year					DATE OF BIRTH (month, day, year)	
3. White	4. Male	68	mos.	days	hours	min.		6. April 27, 1908	
COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH		5b.		5c.			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)	
7a. Klamath	7b. Merrill		7c. Yes					7d. 506 Front St. (Residence)	
STATE OF BIRTH (if not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Inside City Limits (specify yes or no)					NAME OF SPOUSE	
8. Oregon	9. U.S.A.	10. Married	11. Lucille West						
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		Inside City Limits (specify yes or no)					KIND OF BUSINESS OR INDUSTRY	
12. 543-03-9360	13a. Farmer		13b. Farming						
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)					STREET AND NUMBER OR R.F.D.	
14a. Oregon	14b. Klamath	14c. Merrill	14d. Yes					14e. 506 Front St.	
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last							INFORMANT—NAME and relationship to deceased	
15. Lawrence A. West	16. Sarah Kulp							17. Don West, Brother	

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

CAUSE

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

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

	immediate cause	
(a)	due to, or as a consequence of:	Cancer of the bladder
(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)

ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a.	19b.	20c.		19a. No	19b.
INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	M.	LOCATION (street or R.F.D. No., city or town, county, state)		
20a.	20b.	20d.			

CERTIFICATION—PHYSICIAN: I attended the deceased from:	month	day	year	to	month	day	year	And Last Saw Him/Her Alive on:	I Did/Did Not view the body after death	DEATH OCCURRED (hour)
20e.	20f.							20g.		
21.	6	18	73	To	Sept.	19,	1976			6:20 P.M.

CERTIFIER

PHYSICIAN—SIGNATURE	NAME (type or print)	DATE SIGNED (month, day, year)
22a. Veldon C. Boge M.D.	22b. Veldon C. Boge M.D.	22c. 9-20-76
MAILING ADDRESS—PHYSICIAN	street	city or town	state	zip	DATE (mo., day, year)
ME	2624 Campus Dr.,	Klamath Falls,	Oregon	97601	24d. 9-20-76

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town	state
23. Cremation	24b. Eternal Hills Crematory	24c. Klamath Falls,	Oregon
FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)		
25a. [illegible]	25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR	
26a. Marian Ackerman	26b. SEP 2 2 1976	27.	
RESERVED FOR REGISTRAR'S USE			
28.			

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 SEP 2 2 1976 19

VOID IF ALTERED

'76 SEP 27 PM 4 36

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27 day of Sept A.D., 1976 at 4:36 o'clock P M., and duly recorded in Vol M 76, of Deeds on Page 15185.

WM. D. MILNE, County Clerk

By Evelyn Biehn Deputy

FEE 3.00

Rel: Danny + Suzanne