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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

392
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First WILLIAM Middle EDWIN Last TURNER
2. DATE OF DEATH (month, day, year): November 23, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 77
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): April 23, 1899
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): Married
11. NAME OF SPOUSE: Gertrude M. Turner
12. SOCIAL SECURITY NUMBER: 543 - 10 - 0640
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Machinery Operator - Ret
13b. KIND OF BUSINESS OR INDUSTRY: Lumber Mills
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.: 241 Mortimer
15. FATHER—NAME first middle last: William Alfred Turner
16. MOTHER—Maiden Name first middle last: Mary Amelia Philcox
17. INFORMANT—NAME and relationship to deceased: Gertrude M. Turner - Wife

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

CAUSE

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

		approximate interval between onset and death
18. immediate cause	Cardiac Arrhythmia & Arrest	Sudden
(a) due to, or as a consequence of:	General debility	2 mo
(b) due to, or as a consequence of:	Rhabdomyosarcoma with many metastasis	6 mon
(c)		

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

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

1. ____
2. ____
3. ____

20a. ACCIDENT (specify yes or no): 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: May 8, 1968 to month day year: Nov. 23, 1976
And Last Saw Him/Her Alive on: month day year: 11-22-76
I Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 1:45 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Kenneth K. Magee
22b. NAME (type or print): Kenneth K. Magee degree or Title: M.D.
22c. DATE SIGNED (month, day, year): Nov. 23, 1976
23. MAILING ADDRESS—PHYSICIAN street: 409 Medical-Dental Building city or town: Klamath Falls state: Oregon zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Nov. 26, '76
25a. FUNERAL DIRECTOR—SIGNATURE: James K. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Ore. 97601

4. ____
5. ____
6. ____

REGISTRAR—SIGNATURE: Marion Johnson
26a. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 2 8 1976
27. DATE RECEIVED BY STATE REGISTRAR
28.

V5-2 R-69

STATE OF OREGON
County of Klamath ss.

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 Johnson, Deputy Registrar
Date NOV 2 4 1976

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 30th day of NOVEMBER A.D., 19 76 at 12;55 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 19205

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Longacre Deputy