

STATE OF OREGON — HEALTH DIVISION

1135-

2025 JUL 18 207

CERTIFICATE OF DEATH

State File Number

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457

1. NAME (Print, last, first, middle) Edward White		5. SEX Male		AGE—Last birthday (years) 72		Under 1 year a. mon. b. days c. hours		Under 1 day d. min. e. sec.		DATE OF DEATH (month, day, year) December 21, 1976	
2. COUNTY OF DEATH Klamath		4. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		5a. b. c. d. e.		Under 1 year a. mon. b. days c. hours		Under 1 day d. min. e. sec.		2. DATE OF BIRTH (month, day, year) November 14, 1904	
7a. STATE OF BIRTH (If not in U.S.A., name country) Canada		7b. CITIZEN OF WHAT COUNTRY U.S.A.		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		9. HOSPITAL OR OTHER INSTITUTION—NAME (if D.O.A. specify and complete) Pres. InterComm. Hosp		10. NAME OF SPOUSE Vivian B. Dalmer		6. DATE OF BIRTH (month, day, year) November 14, 1904	
12. SOCIAL SECURITY NUMBER 543-10-3194 A		13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Machineist		11. KIND OF BUSINESS OR INDUSTRY Sawmill		14. STREET AND NUMBER OR R.F.D. 708 W. Oregon Ave.		15. INFORMANT—NAME and relationship to deceased Wife		7. APPROXIMATE INTERVAL between onset and death minutes	
13a. RESIDENCE—STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls		13c. INSIDE CITY LIMITS (specify yes or no) Yes		13d. STREET AND NUMBER OR R.F.D. 708 W. Oregon Ave.		13e. INFORMANT—NAME and relationship to deceased Wife		7. APPROXIMATE INTERVAL between onset and death minutes	
14a. FATHER—NAME Edward Dalmer		14b. MOTHER—Name (first, middle, last) Amelia Baumbler		14c. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) CELESTIAL BODY COLLAPSE ARTERIO SCLEROSIS ACCIDENT		14d. PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a), (b), and (c) ARTERIO SCLEROSIS		14e. CAUSE ARTERIO SCLEROSIS		7. APPROXIMATE INTERVAL between onset and death minutes	
15. ACCIDENT (Specify year or no) 20th		16. DATE OF INJURY (month, day, year) 20th		17. HOUR 20th		18. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 16) 20th		19. AUTOPSY (yes or no) 19th		20. IF YES, was findings considered in determining cause of death 19th	
21. PHYSICIAN—SIGNATURE Everett E. Howard		22. DATE OF DEATH Dec. 21, 1976		23. NAME (type or print) Everett E. Howard		24. DEGREE or title M.D.		25. DATE SIGNED (month, day, year) 12-28-76		26. DEATH OCCURRED at the place, on the date and, to the extent possible, to the extent, due to the cause(s) stated. 10:19 P. M.	
27. MARRIAGE ADDRESS—PHYSICIAN 2622 Campus Dr., Klamath Falls, Oregon		28. STREET 2622 Campus Dr., Klamath Falls, Oregon		29. CITY or town Klamath Falls, Oregon		30. STATE Oregon		31. ZIP 97601		32. DATE (mo., day, year) 12-23-76	
33. BURIAL, CREMATION, REMOVAL, MAINT. (specify) Burial		34. ETHERNAL HILLS MEM. GARDEN 0'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.		35. FURNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 0'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore.		36. DATE RECEIVED BY LOCAL REGISTRAR DEC 23 1976		37. DATE RECEIVED BY STATE REGISTRAR 12-28-76		38. SIGNATURE Everett E. Howard	
39. RESERVATION FOR REGISTRAR'S USE RESERVED FOR REGISTRAR'S USE		40. SIGNATURE Everett E. Howard		41. DATE DEC 23 1976		42. SIGNATURE Everett E. Howard		43. DATE DEC 23 1976		44. SIGNATURE Everett E. Howard	

STATE OF OREGON
County of Klamath

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 J. Chuman, Deputy Registrar
Date DEC 28 1976 19

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 10th day of JANUARY A.D., 19 77 at 2:22 o'clock P M., and duly recorded in Vol. M 77 of DEEDS on Page 418.

FFF \$ 3.00

WM. D. MILNE County Clerk

By Hazil Khan Deputy