27270

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. 77 Page 5102

86
Local File Number

CERTIFICATE OF DEATH

77 MAR 28 PM 2 13
State File Number

DECEASED

1. DECEASED—NAME First: MARY Middle: ELIZABETH Last: WELLS
2. DATE OF DEATH (month, day, year): March 18, 1977
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last Birthday (years): 86
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): November 25, 1890
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 5315 Alva
8. STATE OF BIRTH (If not in U.S.A., name country): Maryland
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lester V. Wells
12. SOCIAL SECURITY NUMBER: 541 - 34 - 0414
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home

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

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.: 5315 Alva

15. FATHER—NAME first middle last: Edward Eaton Allan Willey
16. MOTHER—Maiden Name first middle last: Mamie Rullman
17. INFORMANT—NAME and relationship to deceased: Lester V. Wells (Husband)

CAUSE

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

18. Immediate cause (a) CARDIAC ARREST — approximate interval between onset and death: MINUTES
due to, or as a consequence of:
(b) ADVANCED ARTERIO-SCLEROTIC HEART DISEASE — MANY YEARS
due to, or as a consequence of:
(c)

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

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): LEFT BUNDLE BRANCH BLOCK
AUTOPSY (yes or no): 19a. No
IF YES were findings considered in determining cause of death: 19b.

ACCIDENT / INJURY

20a. ACCIDENT (specify yes or 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: August 4 1969 (month day year) to MARCH 17 1977 (month day year) And Last Saw Him/Her Alive on: MARCH 17 1977 (month day year)
I Did/Did Not view the body after death (specify): DID NOT
DEATH OCCURRED (hour): 12:25 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: George Zupan M.D.
22b. NAME (type or print) degree or title: George Zupan, M.D.
22c. DATE SIGNED (month, day, year): March 23, 1977
23. MAILING ADDRESS—PHYSICIAN street city or town state zip: 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): Mar.21,1977
25. FUNERAL DIRECTOR—SIGNATURE
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

26. REGISTRAR—SIGNATURE: Veldon C. Boge
26b. DATE RECEIVED BY LOCAL REGISTRAR
27. DATE RECEIVED BY STATE REGISTRAR: Lester V. Wells 5315 Alva City
28. RESERVED FOR REGISTRAR'S USE
29.

VS-2 R-67

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 Johnson and Deputy Registrar
Date MAR 28 1977 19

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of MARCH A.D., 19 77 at 2:13 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 5102.

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

FEE $ 3.00