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STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

Vol. M 77 Page 9557

156 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED–NAME First: WILBER Middle: ALLEN "AL" Last: BROCK
2. DATE OF DEATH (month, day, year): May 13, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE–last birthday (years): 57
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): October 23, 1919
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): 3909 Clinton

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

8. STATE OF BIRTH (if not in U.S.A., name of country): Kansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Faith Brock
12. SOCIAL SECURITY NUMBER: 543 - 30 - 7600
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Realtor
13b. KIND OF BUSINESS OR INDUSTRY: Shasta Real Estate
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 RFD: 4819 Clinton
15. FATHER–NAME first middle last: Albert Filo Brock
16. MOTHER–Maiden Name first middle last: Minnie - Douglass
17. INFORMANT–Name and relationship to deceased: Faith Brock (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 (a) Acute Anterior Myocardial Infarction, secondary to
due to, or as a consequence of: (b) Occlusion left anterior Descending Coronary
due to or as a consequence of: (c) Advanced Arteriosclerotic Heart Disease 4 yrs

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): Severe Atrophic Cirrhosis of Liver

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

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 4:55 P M.
21b. THE DECEDENT WAS PRONOUNCED DEAD month day year hour: May 13, 1977 4:55 p. M.
21c. FROM: Natural Causes [XX] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

CERTIFIER

22a. CERTIFIER–SIGNATURE: [signature] M.D.
22b. NAME–(type or print) Degree or Title: George R. Nicholson, M.D.
23. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY
DATE SIGNED (month, day, year): May 17, 1977

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY–NAME: Klamath Memorial Park
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (month, day, year): May 18, 1977
25a. FUNERAL DIRECTOR SIGNATURE: [signature]
FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

26a. REGISTRAR–SIGNATURE: Judi A. Harrison
26b. DATE RECEIVED BY LOCAL REGISTRAR: May 18, 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

Ret' Faith Brock
4819 Clinton
City

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

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.

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar
Date MAY 1 0 1977 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of June A.D., 19 77 at 8;54 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 9557.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00