31858

STATE OF OREGON STATE HEALTH DIVISION
Vital Statistics Section

11629

228

CERTIFICATE OF DEATH

1 DECEASED NAME First: FLORA	Middle: MAE	Last: BLACK			2 DATE OF DEATH (month, day, year): June 16, 1977
3 RACE: White	4 SEX: Male	5 AGE: 57	Under 1 year:	Under 1 day:	6 DATE OF BIRTH: October 7, 1919
7a COUNTY OF DEATH: Deschutes	7b CITY, TOWN, OR LOCATION OF DEATH: Bend	8 IF OUTSIDE CITY LIMITS: Yes			8b HOSPITAL OR OTHER INSTITUTION - NAME: St. Charles Medical Center
9 STATE OF BIRTH: Oregon	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced			11 NAME OF SPOUSE: --
12 SOCIAL SECURITY NUMBER: 544 20 9568	13a USUAL OCCUPATION: Restaurant Owner				13b KIND OF BUSINESS OR INDUSTRY: Restaurant
14a RESIDENCE - STATE: Oregon	14b COUNTY: Klamath	14c CITY, TOWN, OR LOCATION: Chemult	14d INSIDE CITY LIMITS: Yes		14e STREET AND NUMBER OR RFD: Box 137
15 FATHER - NAME: E. Adrian Wimp	16 MOTHER - Maiden Name: Erma L. Kerlitz				17 INFORMANT - Name and relationship to deceased: Bertha Williams, Sister

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

18 Immediate Cause
(a) Arteriosclerotic Heart Disease due to, or as a consequence of — Interval between onset and death: -----
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) due to or as a consequence of
(c)

PART II. OTHER SIGNIFICANT CONDITIONS — 19a AUTOPSY (yes or no): no — 19b IF YES were findings considered in determining cause of death:

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)

MEDICAL INVESTIGATOR

CERTIFICATION - MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the decedent named above and on the date and hour death resulted or about.

21a DEATH OCCURRED (hour)	21b THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour)	21c MANNER: Natural Causes X	Accident ☐	Suicide ☐
11:30 P.M.	June 16 1977 11:30 P.M.	Homicide ☐	Undetermined ☐	Pending ☐

22a CERTIFIER - SIGNATURE	22b NAME (type or print)	Degree or Title
[signature]	David E. Spence	M.D.
23 MEDICAL INVESTIGATOR: FOR Deschutes COUNTY	DATE SIGNED (month, day, year): June 20, 1977	

24a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b CEMETERY OR CREMATORY - NAME	24c LOCATION city or town, state	24d DATE (month, day, year)
Cremation	Deschutes Mem. Gdns.	Bend, Oregon	6-22-77

25a FUNERAL DIRECTOR - SIGNATURE	25b FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, ZIP)
[signature]	Nisonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701

26a REGISTRAR - SIGNATURE	26b DATE RECEIVED BY LOCAL REGISTRAR	27 DATE RECEIVED BY STATE REGISTRAR
[signature]	June 21, 1977	

28 RESERVED FOR REGISTRAR'S USE

VS-107, REV. 2-73

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

Joan K. Harm, Registrar
Vital Statistics

SEAL

June 25 1977

VOID IF ALTERED
Not valid without raised seal of Deschutes County Health Department

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of July A.D., 19 77 at 8:30 o'clock A M., and duly recorded in Vol M77, of DEEDS on Page 11629.

FEE $3.00

WM. D. MILNE, County Clerk
By [signature] Deputy