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Vital Statistics Section

201

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (first, middle, last): WILLIAM REED McCONRON
2. DATE OF DEATH (month, day, year): June 20, 1977
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—last birthday (years): 60
6. DATE OF BIRTH (month, day, year): September 11, 1916
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): Idaho
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Luella Ruby McConron
12. SOCIAL SECURITY NUMBER: 532 - 09 - 7778
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter
13b. KIND OF BUSINESS OR INDUSTRY: Construction
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.: Rt. # 3 - Box 335 A
15. FATHER—NAME (first, middle, last): Peter F. McConron
16. MOTHER—Maiden Name (first, middle, last): Malinda Ida Shuss
17. INFORMANT—NAME and relationship to deceased: Luella R. McConron (Wife)

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

CAUSE

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

18. (a) immediate cause: Cardiac Arrythmia — approximate interval between onset and death: 3 minutes

(b) due to, or as a consequence of:

(c) due to, or as a consequence of: Metastatic Malignant Melanoma — 8 months

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)

19a. AUTOPSY (yes or no): No

19b. IF YES were findings considered in determining cause of death

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: 2 27 1977 to 6 20 1977 — And Last Saw Him/Her Alive on: 6-20-77 — I Did/Did Not view the body after death (specify): Did — DEATH OCCURRED (hour): 9:20 P. M. at the place, on the date, and due to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Jack V Martin M.D. (degree or title)
22b. NAME (type or print): Jack Martin, M.D.
22c. DATE SIGNED (month, day, year): 6-21-77
22d. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 4036 South 6th. Street, Klamath Falls, Oregon 97601

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify)
24a. Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (month, day, year): June 23, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 22 1977
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ret — Luella Ruby McConron Rt 3, Bx 335-A - City

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

(SEAL)

By Marian Ackerman Deputy Registrar

Date JUN 2 3 1977 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 7th day of JULY A.D., 19 77 at 2;30 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 11994.

WM. D. MILNE, County Clerk

FEE $ 3.00

By [signature] Deputy