

32853

STATE OF OREGON STATE HEALTH DIVISION
Vital Statistics SectionVol. 77 Page 12978

12978

228 Local File Number		CERTIFICATE OF DEATH		State File Number	
1. DECEASED-NAME First Middle Last <u>FLORA MAE BLACK</u>			2. DATE OF DEATH (month, day, year) <u>June 16, 1977</u>		
3. RACE (White, Negro, American Indian, etc. (specify)) <u>White</u>		4. SEX <u>Female</u>	5a. AGE last birthday (years) <u>52</u>	5b. Under 1 year days <u>52</u>	5c. Under 1 day hours <u>52</u>
6. COUNTY OF DEATH <u>Deschutes</u>		7. CITY, TOWN, OR LOCATION OF DEATH <u>Bend</u>		8. HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) <u>St. Charles Medical Center</u>	
9. STATE OF BIRTH (if not in U.S.A., name of country) <u>Oregon</u>		10. CITIZEN OF WHAT COUNTRY <u>USA</u>		11. NAME OF SPOUSE <u>divorced</u>	
12. SOCIAL SECURITY NUMBER <u>544 20 9508</u>		13a. USUAL OCCUPATION (type and kind of work done during most of working life, even if retired) <u>Restaurant Owner</u>		13b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	
14a. RESIDENCE-STATE <u>Oregon</u>		14b. COUNTY <u>Klamath</u>	14c. CITY, TOWN, OR LOCATION <u>Chemult</u>	14d. Inside City Limits (specify yes or no) <u>yes</u>	14e. STREET AND NUMBER OR RFD <u>Box 137</u>
15. FATHER-NAME first middle last <u>E. Adrian Wimp</u>		16. MOTHER-Maiden Name first middle last <u>Emma L. Nemitz</u>		17. INFORMANT-Name and relationship to deceased <u>Bertha Williams, Sister</u>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. Immediate Cause (a) <u>Arteriosclerotic Heart Disease</u> due to, or as a consequence of: 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: conditions contributing to death but not related to cause given in part I (a)					
19a. DATE OF INJURY (month, day, year) <u>June 16, 1977</u>		19b. HOUR <u>11:30 P.</u>		19c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) <u>Natural Causes</u>	
20a. INJURY AT WORK (specify yes or no) <u>no</u>		20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) <u>at home</u>		20c. LOCATION (street or R.F.D. No., city or town, county, state) <u>Bend, Oregon</u>	
CERTIFICATION-MEDICAL INVESTIGATOR (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 (month, day, year) <u>June 16, 1977</u>		21b. THE DECEASED WAS PRONOUNCED DEAD (month, day, year) <u>June 16, 1977</u>		21c. FROM: Natural Causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/>	
22a. CERTIFIER-SIGNATURE <u>David S. Spence, M.D.</u>		22b. NAME (type or print) <u>David S. Spence</u>		22c. Degree or Title <u>M.D.</u>	
23. MEDICAL INVESTIGATOR: FOR: <u>Deschutes</u> COUNTY		24. DATE SIGNED (month, day, year) <u>June 20, 1977</u>			
25a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Cremation</u>		25b. CEMETERY OR CREMATORY-NAME <u>Deschutes Mem. Gdns.</u>		25c. LOCATION city or town state <u>Bend Oregon</u>	
26a. FUNERAL DIRECTOR-SIGNATURE <u>Paul Reynolds</u>		26b. FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) <u>Wiwonger-Reynolds, Inc., 105 N.W. Irving Blvd Oregon 97701</u>		26c. DATE RECEIVED BY LOCAL REGISTRAR <u>June 21, 1977</u>	
27a. REGISTRAR-SIGNATURE <u>Paul Reynolds</u>		27b. DATE RECEIVED BY STATE REGISTRAR <u>JUN 27 1977</u>		28. RESERVED FOR REGISTRAR'S USE	

VS-107/REV. 2-73

ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED JULY 13 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Rev. Wm B. Brandel
411 Pine
145

STATE REGISTRAR

Mark M. Math

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 21 day of July A.D. 1977 at 2:58 o'clock P. M., and duly recorded in Vol. 77 of Deeds on Page 12978

FEE \$3.00

WM. D. MILNE, County Clerk

By *David S. Spence* Deputy