33019

220
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'77 JUL 25 PM 4 17

State File Number

Vol. m 77 Page 13190

DECEASED

1. DECEASED—NAME: First JAMES Middle FRANK Last VAN WORMER
2. DATE OF DEATH (month, day, year): July 4, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 55
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): September 20, 1921
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): 5715 Schiesel St.
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Betty R. Van Wormer
12. SOCIAL SECURITY NUMBER: 541 - 12 - 2289
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foman - Retired
13b. KIND OF BUSINESS OR INDUSTRY: State Highway Department
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.: 5715 Schiesel St.
15. FATHER—NAME first middle last: Virgil VanWormer
16. MOTHER—Maiden Name first middle last: Myrtle Dorrough
17. INFORMANT—NAME and relationship to deceased: Betty R. VanWormer - 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. Immediate cause (a) Cardio Resp Failure — approximate interval between onset and death: Terminal
due to, or as a consequence of:
(b) Wide spread Mets Carcinoma — 8 mon's
due to, or as a consequence of:
(c) Primary Carcinoma of The Rectum — 2 1/2 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 (s)

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

1. 2. 3.

ACCIDENT (specify yes or no): 20a. No
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
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): 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year Jan 30 '75 to month day year July 4 '77
And Last Saw Him/Her Alive on: month day year July 1 '77
I Did/Did Not view the body after death (specify): Not
DEATH OCCURRED (hour): 12:30 PM. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
21. PHYSICIAN—SIGNATURE: E M LeVernois M.D.
22a. NAME (type or print) degree or Title: Earle M. LeVernois M.D.
22b. DATE SIGNED (month, day, year): July 5 '77
22c. MAILING ADDRESS—PHYSICIAN street city or town state zip: 2628 Campus Drive - Klamath Falls, Oregon 97601

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. LOCATION city or town state: Klamath Falls, Ore
24c. DATE (mo., day, year): July 5, 1977
25a. FUNERAL DIRECTOR—SIGNATURE: Omer L. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601

4. 5. 6.

REGISTRAR—SIGNATURE: 26a. Marjorie Scherman
DATE RECEIVED BY LOCAL REGISTRAR: 26b. JUL 7 1977
DATE RECEIVED BY STATE REGISTRAR: 27.
RESERVED FOR REGISTRAR'S USE: 28.

Betty VanWormer
5715 Schiesel St
City

VS-2 R-69

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 Marjorie Scherman, Deputy Registrar
Date JUL 8 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 25th day of JULY A.D., 19 77 at 4:17 o'clock P M., and duly recorded in Vol. M77, of DEEDS on Page 13190.
FEE $3.00
WM. D. MILNE, County Clerk
By Abigail Dunzo, Deputy