34134

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 NOV 15 AM 9 46

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261
Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

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

| | | | |
|---|---|---|---|
| 1. DECEASED—NAME (First / Middle / Last) | WILLIAM / FRANCIS / FALVEY | 2. DATE OF DEATH (month, day, year) | July 29, 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) | December 19, 1921 | | |
| 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) | Oregon | 9. CITIZEN OF WHAT COUNTRY | USA |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | Married | 11. NAME OF SPOUSE | Clover M. Falvey |
| 12. SOCIAL SECURITY NUMBER | 540 - 44 - 3052 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | Farmer |
| 13b. KIND OF BUSINESS OR INDUSTRY | Agriculture | | |
| 14a. RESIDENCE—STATE | Oregon | 14b. COUNTY | Klamath |
| 14c. CITY, TOWN, OR LOCATION | Merrill | 14d. Inside City Limits (specify yes or no) | No |
| 14e. STREET AND NUMBER OR R.F.D. | PO Box 216 | | |
| 15. FATHER—NAME first middle last | Hugh - Falvey | 16. MOTHER—Maiden Name first middle last | Julia Ann Kelleher |
| 17. INFORMANT—NAME and relationship to deceased | Clover Falvey - 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) | Intracerebral Hemorrhage | 10 Minutes |
| due to, or as a consequence of: (b) | Hypofibrinogenemia | 24 Hours |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. due to, or as a consequence of: (c) | Post Necrotic Cirrhosis | 10 Years |

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) | 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: | month day year: 5/14/77 | to: month day year: 7/1/77 | And Last Saw Him/Her Alive on: month day year: 7/1/77 | ☐ Did/Did Not view the body after death (specify): Did Not | DEATH OCCURRED (hour): 3:55 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. |
| 22a. PHYSICIAN—SIGNATURE | | 22b. NAME (type or print) | Blake Berven | degree or Title: M.D. | 22c. DATE SIGNED (month, day, year): July 29, 1977 |
| MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip) | 207 Medical-Dental Building / Klamath Falls, Oregon 97601 | | | | |

**BURIAL**

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION, REMOVAL, MAUS. (specify) | Burial | 24b. CEMETERY OR CREMATORY—NAME | Mt. Calvary Cem. |
| 24c. LOCATION city or town / state | Klamath Falls, Oregon | 24d. DATE (mo., day, year) | Aug. 1, 1977 |
| 25a. FUNERAL DIRECTOR—SIGNATURE | | 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) | WARD'S - 1945 Main - Klamath Falls, Ore. 97601 |
| 26a. REGISTRAR—SIGNATURE | | 26b. DATE RECEIVED BY LOCAL REGISTRAR | NOV 1 1977 |
| 27. DATE RECEIVED BY STATE REGISTRAR | | | |
| RESERVED FOR REGISTRAR'S USE | | | |
| 28. | | | |

VS-2 R-69

STATE OF OREGON
County of Klamath ss.

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. COVER, Registrar Vital Statistics

By Marjorie S. Cover Deputy Registrar
Date NOV 15 1977 19

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of August A.D., 19 77 at 2:45 o'clock P.M., and duly recorded in Vol. M77, of DEEDS on Page 11885.

WM. D. MILNE, County Clerk

By Deputy

FEE $ 3.00