36873

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

323
Local File Number

CERTIFICATE OF DEATH

'77 OCT 5 PM 4 27

State File Number

Vol. M77 Page 19006

DECEASED

1. DECEASED—NAME: First: William; Middle: P.; Last: Hooper
2. DATE OF DEATH (month, day, year): September 30, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 82
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): July 13, 1895
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): Washburn Manor

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

8. STATE OF BIRTH (If not in U.S.A. name country): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Murrel Hooper
12. SOCIAL SECURITY NUMBER: 571-52-7965
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher
13b. KIND OF BUSINESS OR INDUSTRY: Cattle
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 6502 Moyina Way
15. FATHER—NAME first middle last: John D. Cater Hooper
16. MOTHER—Maiden Name first middle last: Sally Ann Cook
17. INFORMANT—NAME and relationship to deceased: Murrel Hooper, 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)	Progressive Inanition	3 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Chronic Obstructive Pulmonary Disease	20 years
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): Cerebro Vascular Disease
19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death

1. 2. 3.

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
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: 6-13-75 to Sept. 30, 1977
And Last Saw Him/Her Alive on: 8-17-77
I Did/Did Not view the body after death (specify): Did Not
DEATH OCCURRED (hour): 2:00 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Steven K. Bidleman MD
22b. NAME (type or print): Steven K. Bidleman degree or Title: M.D.
22c. DATE SIGNED (month, day, year)
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2680 Uhrmann Rd., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 10-3-77
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

4. 5. 6.

26a. REGISTRAR—SIGNATURE: Marion C. Sherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 5 1977
27. Murrel Hooper 6502 Moyina Way
28. RESERVED FOR REGISTRAR'S USE

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. COMER, Registrar Vital Statistics

By Marion C. Sherman Deputy Registrar
Date OCT 6 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 5th day of October A.D., 19 77 at 4:22 o'clock P M., and duly recorded in Vol M77, on Page 19006.

WM D. MILNE, County Clerk
By Samantha D. Blazek Deputy

of Deeds

FEE $3.00