42196

HEALTH SERVICES JAN 25 PM 2 42 HUMAN RESOURCES
Vital Statistics Section

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35
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: CLOYD	Middle: WILBUR	Last: HOLLEY		2 DATE OF DEATH (month, day, year): January 23, 1978	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 68	Under 1 year: 5b mos. days	Under 1 day: 5c hours min.	6 DATE OF BIRTH (month, day, year): November 18, 1909
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity			7d IF HOSP. OR INST. indicate DOA, OP/Emer., Rp., Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Pennsylvania	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Naomi R. Holley		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 521 - 36 - 1535	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer - retired	14b KIND OF BUSINESS OR INDUSTRY: Self			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1022 Donald St. 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Harry - Holley	17 MOTHER—Maiden Name first middle last: Emma - Holley	18 INFORMANT—NAME and relationship to deceased: Naomi R. Holley (Wife)			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Wternal Hills Memorial Gardens	19c LOCATION city or town state: Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]:	20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature] ▷ S. Bidleman MD — 21b DATE SIGNED [Mo., Day, Yr.]: 1-24-78 — 21c HOUR OF DEATH: 11:20 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]

21d Steven K. Bidleman, M.D., 2680 Uhrmann Road, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 25 1978 — 22b REGISTRAR [Signature] ▷ Marjorie Johnson

PART I — CAUSE OF DEATH [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

23 IMMEDIATE CAUSE (a): Respiratory Arrest — Interval between onset and death: Immediate

DUE TO, OR AS A CONSEQUENCE OF (b): Cerebro Vascular Accident — Interval between onset and death: 10 days

DUE TO, OR AS A CONSEQUENCE OF (c): Hypertension — Interval between onset and death: One Year

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Pulmonary Edema, Atrial fibrillation

24 AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	
26e INJURY AT WORK [Specify Yes or No]	**26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]**	**26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE**	

RESERVED FOR REGISTRAR'S USE

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 Marjorie Johnson Deputy Registrar
Date JAN 25 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

RET. TO:
NAOMI HOLLEY
~~1022 DONALD~~
KLAMATH FALLS,
ORE. 97601
P.O. BOX 1466
cok 209

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 January A.D., 19 78 at 2:42 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 1527.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha D. Letsch Deputy