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Local File Number		State File Number	
DECEASED—NAME		DATE OF DEATH (month, day, year)	
1 Ben	W. Layman	2 April 9, 1978	
RACE—White, Black, American Indian, etc. (specify) White	SEX Male	AGE—Last birthday (years) 63	DATE OF BIRTH (month, day, year) 6 February 16, 1915
COUNTY OF DEATH Klamath	CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c Pres. Intercomm. Hospt.	IF HOSP. OR INST. Indicate UGA, OP/Emor., Am., Inpatient (Specify) 7d Inpatient
7a Klamath	7b Klamath Falls	7c Pres. Intercomm. Hospt.	7d Inpatient
STATE OF BIRTH (if not in U.S.A., name country) California	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Norma C. Layman
8	9	10	11
SOCIAL SECURITY NUMBER 13 541-22-3697	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Produce Buyer	KIND OF BUSINESS OR INDUSTRY 14b Retail Grocery	
13 541-22-3697	14a Produce Buyer	14b Retail Grocery	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 1138 Lincoln St. 97601
15a Oregon	15b Klamath	15c Klamath Falls	15d 1138 Lincoln St. 97601
FATHER—NAME first middle last 16 William Allen Layman	MOTHER—Maiden Name first middle last 17 Alma Kirkpatrick	INFORMANT—NAME and relationship to deceased 18 Norma C. Layman, Wife	
16 William Allen Layman	17 Alma Kirkpatrick	18 Norma C. Layman, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	LOCATION city or town state 19c Klamath Falls, Oregon	
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a [Signature]	NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
20a [Signature]	20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a [Signature] John D. Merryman M.D.		DATE SIGNED (Mo., Day, Yr.) 21b April 10, 1978	HOUR OF DEATH 21c 6:00 A. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d John D. Merryman M.D. 303 Pine St., Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e	
21d John D. Merryman M.D. 303 Pine St., Klamath Falls, Oregon 97601		21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 10 1978		REGISTRAR 22b [Signature] Marjorie S. Comer	
22a APR 10 1978		22b [Signature] Marjorie S. Comer	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) Cardiac Arrest		5 min	
(b) Myocardial Infarction		23 days	
(c)		Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 NO	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No] NO
24 NO		25 NO	
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
26a	26b	26c	26d
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE
26e	26f	26g	
RESERVED FOR REGISTRAR'S USE			

Rel. Norma C. Layman
1138 Lincoln
City

VS-2 Rev-1-78 P-65412

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 [Signature] Deputy Registrar
Date APR 10 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of April A.D., 1978 at 11:31 o'clock A.M., and duly recorded in Vol M78 of Deeds on Page 7125.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy