

49519

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics SectionVol. <sup>m</sup> 78 Page 11954

## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number	
1 RALPH A. NELSON					2 May 31, 1978	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 76	5b	5c	6 August 11, 1901
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7d
7a Klamath		7b Klamath Falls		7c 3070 Summers Lane		7d
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)
8 Washington		9 U.S.A.		10 Married		11 Ruby I. Nelson
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		12
13 541-10-8441		14a Foreman		14b Water Company		12 No
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 3070 Summers Lane 97601		15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 William - Nelson		17 Nellie - Card		18 Ruby I. Nelson, wife		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		20b 6420 South Sixth Street, Klamath Falls, Oregon 97601		
20a William J. Davenport		20b DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature] <i>Steven K. Bidleman</i>		21b 5-31-78		21c 9:10 A. M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d Steven K. Bidleman, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JUN 1 1978		22b [Signature] <i>Marian Johnson</i>				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)				Interval between onset and death		
PART I (a) Cardiac Arrest				Immediate		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Ischemic Heart Disease				10 years		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c)						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
24 Chronic Obstructive Pulmonary Disease		24 No		25 (Specify yes or No) Yes		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e		26f	26g			
RESERVED FOR REGISTRAR'S USE						

Ruby I. Nelson  
3070 Summers Lane  
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.

(SEAL)

MARJORIE S. CONER, Registrar Vital Statistics

By *Marian Johnson*, Deputy Registrar  
Date JUN 2 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 5th day of June A.D., 1978 at 3:51 o'clock P.M., and duly recorded in Vol. N78 of Deeds on Page 11954.

FEE \$3.00

WM. D. MILLIE, County Clerk

By *Barbara Hellock*, Deputy