49607

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M78 Page 12069

191
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1	First: Orville	Middle: —	Last: Wood		DATE OF DEATH (month, day, year) 2: May 27, 1978	
RACE White, Black, American Indian, etc. (specify) 3: White	SEX 4: Male	AGE—Last birthday (years) 5a: 86	Under 1 year: mos. / days 5b	Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year) 6: September 29, 1891	
COUNTY OF DEATH 7a: Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b: Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c: Pres. Intercomm. Hospt.			IF HOSP. OR INST.: Indicate DOA, OP (Emer. Rm.), Inpatient (Specify) 7d: Inpatient	
STATE OF BIRTH (If not in U.S.A., name country) 8: Iowa	CITIZEN OF WHAT COUNTRY 9: U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married	SPOUSE (IF MARRIED, WIDOWED) 11: Nelle Mae Wood		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: no	
SOCIAL SECURITY NUMBER 13: 543-20-6670	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Farmer		KIND OF BUSINESS OR INDUSTRY 14b: Farming			
RESIDENCE—STATE 15a: Oregon	COUNTY 15b: Klamath	CITY, TOWN, OR LOCATION 15c: Malin	STREET AND NUMBER OR R.F.D., ZIP 15d: P.O. Box 162 97632		Inside City Limits (specify yes or no) 15e: Yes	
FATHER—NAME first middle last 16: Charles Wood		MOTHER—Maiden Name first middle last 17: Harriet Montgomery			INFORMANT—NAME and relationship to deceased 18: Leone Duncan, Daughter	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a: Burial	CEMETERY OR CREMATORY—NAME 19b: Malin Community Cemetery				LOCATION city or town state 19c: Malin, Oregon	
FUNERAL SERVICE LICENSEE or person acting As Such (Signature) 20a: Mike Blair	NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, 515 Pine, 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]: D. Seeley MD		DATE SIGNED (Mo., Day, Yr.) 21b: 5/30/78		HOUR OF DEATH 21c: 8:00 P. M	
	NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d: Dave Seeley M.D. Medical Dentl. Bld., Klamath Falls, Ore.					
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e:					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: MAY 31 1978	REGISTRAR 22b [Signature]: Marjorie S. Comer					

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

(a) Probable ventricular rupture — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute anterior MI — Interval between onset and death: 3days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Coronary Heart Disease — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a): 23:

AUTOPSY (Specify Yes or No) 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No): No

ACCIDENT (Specify Yes or No) 25a:	DATE OF INJURY (Mo., Day, Yr.) 25b:	HOUR OF INJURY 25c:	DESCRIBE HOW INJURY OCCURRED 25d:
INJURY AT WORK (Specify Yes or No) 25e:	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f:	LOCATION 25g:	STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Ret to: Nelle Mae Wood
P.O. Box 162
Malin, Ore. 97632

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. COMER, Registrar Vital Statistics

By Marjorie S. Comer 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 7th day of June A.D., 19 78 at 9:15 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 12069.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernice M. Klock Deputy