

50295

CERTIFICATE OF DEATH

State File Number

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DECEASED—NAME First Middle Last DONALD LEE GOLDING			DATE OF DEATH (month, day, year) May 1, 1978		
1 RACE White, Black, American Indian, etc. (specify) White		4 AGE—Last birthday (years) 70		5 Under 1 year Under 1 day 5a hours 5b days 5c min	
3 COUNTY OF DEATH Klamath		6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		8 DATE OF BIRTH (month, day, year) January 23, 1908	
7a STATE OF BIRTH (if not in U.S.A., name country) Iowa		7b CITIZEN OF WHAT COUNTRY USA		7c HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Presbyterian Intercomm.	
8 SOCIAL SECURITY NUMBER 540 - 20 - 0649		9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Principal - Retired		10 SPOUSE (IF MARRIED, WIDOWED) Frances Golding	
11 RESIDENCE—STATE Oregon		12a COUNTY Klamath		12b CITY, TOWN, OR LOCATION Klamath Falls	
13 FATHER—NAME first middle last Charles - Golding		14 MOTHER—Maiden Name first middle last Hattie - Carpenter		15 KIND OF BUSINESS OR INDUSTRY Elementary Education	
16 BURIAL, CREMATION, REMOVAL, MAUSOLEUM, (specify) Cremation		17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		18 LOCATION city or town state Klamath Falls, Oregon	
19a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Charles R. [Signature]		19b NAME AND ADDRESS OF FACILITY WARDS - 1945 Main - Klamath Falls, Oregon 97601		19c DATE SIGNED (Mo., Day, Yr.) May 1, 1978	
20a To be completed by CRITICALLY PHYSICIAN Only 20b NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D. / 207 Medical-Dental Bldg / Klamath Falls, Oregon		20c DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 1 1978		20d REGISTRAR (Signature) Marian [Signature]	
21 IMMEDIATE CAUSE PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Asthmatic bronchitis DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia secondary to pulmonary arteriovenous malformations		22 INTERVAL BETWEEN ONSET AND DEATH 27 hours		23 INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) No		25 AUTOPSY (Specify Yes or No) No		26 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER No	
27 ACCIDENT (Specify Yes or No) No		28 DATE OF INJURY (Mo, Day, Yr.) No		29 HOUR OF INJURY No	
30 INJURY AT WORK (Specify Yes or No) No		31 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		32 LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE No	

RESERVED FOR REGISTRAR'S USE

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 Marian [Signature] Deputy Registrar
Date MAY 1 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 20th day of June A.D., 19 78 at 8:53 o'clock A M., and duly recorded in Vol. 178 of Deeds on Page 13081.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy

53 JUN 29 AM 8 53

after recording return to:
Bonier, Bonier & Aspell
110 N. 6th St.