51999

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

232
Local File Number

CERTIFICATE OF DEATH

Vol. M78 Page 15714

State File Number

1. DECEASED—NAME First: WESLEY Middle: ROE Last: MILLER
2. DATE OF DEATH (month, day, year): June 30, 1978
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 76
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): September 24, 1901
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. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (If not in U.S.A., name country): Iowa
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Ethel Miller
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 541 - 09 - 8746
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic - Retired
14b. KIND OF BUSINESS OR INDUSTRY: Garages
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 2124 Radcliffe 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: Charles A. Miller
17. MOTHER—Maiden Name first middle last: Octia D. White
18. INFORMANT—NAME and relationship to deceased: Ethel Miller (Wife)
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills
19c. LOCATION city or town, state: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature): [signature]
20b. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 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): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 6/30/78
21c. HOUR OF DEATH: 2:50 A. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): John D. Merryman, M.D., 303 Pine Street, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUN 30 1978
22b. REGISTRAR (Signature): [signature]

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

(a) Cardiac Arrest — Interval between onset and death: 5 min
(b) DUE TO, OR AS A CONSEQUENCE OF: Emphysema — Interval between onset and death: 10 yrs
(c) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure — Interval between onset and death: 2 yrs

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

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: M
26d. DESCRIBE HOW INJURY OCCURRED:
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

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VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED JULY 14 1978

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

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 July A.D., 19 78 at 10:04 o'clock A M., and duly recorded in Vol M78 of Deeds on Page 15714.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy