53971

279
Local File Number

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

CERTIFICATE OF DEATH

Vol. M 78 Page 1878

State File Number

TYPE / PRINT IN PERMANENT INK OR FOR FUNCTIONS SEE HANDBOOK

DECEDENT

1 First	Middle	Last	DATE OF DEATH (month, day, year)
Paul	Russell	Winter	2 August 3, 1978

RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year mos. days	Under 1 day hours min.	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 78	5b	5c	6 March 31, 1900

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST. indicate DOA or Emer. Room (Specify)
7a Klamath	7b Klamath Falls	7c 331 N. 10th St. (Residence)	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)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oregon	9 U.S.A.	10 Married	11 Ruth Winter	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 133-26-6067	14a Life Insurance Agent	14b Life Insurance

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 331 N. 10th St. 97601	15e Yes

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Otto Winter	17 Bertha Russell	18 Ruth Winter, Wife

BURIAL, CREMATION, REMOVAL, MAUS.,(specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Cremation	19b Eternal Hills Crematory	19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a Mike O'Hair	20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon

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]	DATE SIGNED [Mo., Day, Yr.]	HOUR OF DEATH
NAME AND ADDRESS OF CERTIFIER [Type or Print]	21b	21c 4:30 A. M
21d Kenneth K. Magee M.D. Medical Dentl. Bld., 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 AUG 4 1978	22b [Signature] Marian Schuman

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

		Interval between onset and death
(a)		
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death

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

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo, Day, Yr.]	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY [Specify Yes or No]	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
26a	26b	26c M	26d	24 No	25 [Specify Yes or No] Yes

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

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 Services.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Schuman Deputy Registrar
Date AUG 4 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Returned

H.F. SMITH
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of AUGUST A.D., 19 78 at 3:44 o'clock P M., and duly recorded in Vol M78 of Deeds on Page 15781

FEE $ 3.00

WM. D. MILNE, County Clerk

By [illegible] Deputy