

56360

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 <u>William A. Hall</u>			DATE OF DEATH (month, day, year) 2 <u>October 11, 1978</u>		
RACE White, Black, American Indian, etc. (specify) 3 <u>White</u>		SEX 4 <u>Male</u>	AGE—Last birthday (years) 5a <u>54</u>	Under 1 year mos. days 5b	Under 1 day hours min. 5c
COUNTY OF DEATH 7a <u>Klamath</u>		CITY, TOWN OR LOCATION OF DEATH 7b <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c <u>Pres. Intercomm. Hospt.</u>	
STATE OF BIRTH (If not in U.S.A., name country) 8 <u>Arizona</u>		CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Married</u>	
SOCIAL SECURITY NUMBER 13 <u>527-20-1360</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Retail Clothing Store Owner</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>Retail Clothing</u>	
RESIDENCE—STATE 15a <u>Oregon</u>		COUNTY 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>	STREET AND NUMBER OR R.F.D., ZIP 15d <u>4440 Boardman St. R.L. 97601</u>	
FATHER—NAME first middle last 16 <u>Arthur Hall</u>		MOTHER—Maiden Name first middle last 17 <u>Helen Williams</u>		INFORMANT—NAME and relationship to deceased 18 <u>Rosie M. Hall, Wife</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY—NAME 19b <u>Klamath Memorial Park</u>		LOCATION city or town state 19c <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) 20a <u>Mick O'Hair</u>		NAME AND ADDRESS OF FACILITY 20b <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>			
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) <u>Blake Berven</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>October 13, 1978</u>		HOUR OF DEATH 21c <u>8:17 A.</u>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <u>Blake Berven M.D.</u>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>OCT 13 1978</u>		REGISTRAR 22b (Signature) <u>Marian Ackerman</u>			
PART I IMMEDIATE CAUSE (a) <u>Cardiogenic Shock + CVA</u>		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		Interval between onset and death <u>10 min</u>	
(b) <u>Acute infarction, anterior</u>				Interval between onset and death <u>4 days</u>	
(c) <u>Asymptomatic diabetes mellitus</u>				Interval between onset and death <u>years</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 <u>Yes</u>		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) <u>Yes</u>	
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE		

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date OCT 16 1978

VOID IF ALTERED

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of October A.D., 19 78 at 3:51 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 23271.

FEE \$3.00

WM. D. MILNE, County Clerk

By Sernetha Wilcox Deputy