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

57374 363
Local File Number

CERTIFICATE OF DEATH

Vol. M78 Page 24119
State File Number

1 DECEASED—NAME (First) DONALD	(Middle) E.	(Last) WESCOM		2 DATE OF DEATH (month, day, year) October 3, 1978	
3 RACE (White, Black, American Indian, etc.) (specify) White	4 SEX Male	5a AGE—Last birthday (years) 60	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year) June 11, 1918
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 Intercom. Hospital			7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Res., Inpatient (Specify) DOA/ER
8 STATE OF BIRTH (If not in U.S.A., name country) North Dakota	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Maxine Wescom		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
13 SOCIAL SECURITY NUMBER 502-01-5007	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner/Mobile Home sales	14b KIND OF BUSINESS OR INDUSTRY Home - Mobile Retail Sales			
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 4621 Alt Court 97601		15e Inside City Limits (specify yes or no) No
16 FATHER—NAME first middle last Earl Frank Wescom	17 MOTHER—Maiden Name first middle last Hazel H. Hatfield	18 INFORMANT—NAME and relationship to deceased Maxine - Wescom, wife			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	19c LOCATION city or town state Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] William F. Davenport	20b NAME AND ADDRESS OF FACILITY 6420 South Sixth Street, Klamath Falls, Oregon 97601 DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD,				

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] Jack N Martin MD | 21b DATE SIGNED [Mo., Day, Yr.] 10-5-1978 | 21c HOUR OF DEATH 5:50 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print] Jack N. Martin, MD, 4036 South Sixth 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.] OCT 5 1978	22b REGISTRAR [Signature] Marian Ackerman

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

		Interval between onset and death
(a)	Acute Cardiac Arrythmia	5 hours
DUE TO, OR AS A CONSEQUENCE OF: (b)	Acute Myocardial Infarction	1 week
DUE TO, OR AS A CONSEQUENCE OF: (c)	Coronary Arteriosclerosis	10 years

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

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

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)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman Deputy Registrar
Date OCT 5 1978
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of October A.D., 1978 at 11:36 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 24119.

FEE $3.00

WM. D. MILNE, County Clerk
By Loretta M Lusch Deputy