

62082

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

Vol. 79 Page 2844

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last WILLIAM GENE VALLIER		DATE OF DEATH (month, day, year) 2 January 17, 1979	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 47
COUNTY OF DEATH 7a Klamath		CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	
STATE OF BIRTH (If not in U.S.A. name country) 8 Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13 540-32-1231		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	
RESIDENCE—STATE 15a Oregon		CITY, TOWN, OR LOCATION 15c Klamath Falls	
FATHER—NAME first middle last 16 Claude T. Vallier		MOTHER—Maiden Name first middle last 17 Golden E. Hawkins	
BURIAL, CREMATION, REMOVAL, MAUS (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a William J. Davenport		NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) Fletcher F. Conn, MD		DATE SIGNED (Mo., Day, Yr.) 21b Jan 18, 1979	
CERTIFIER—NAME AND TITLE (Type or print) 21d Fletcher F. Conn, MD, 1905 Main Street, Klamath Falls, Oregon 97601		MAILING ADDRESS (Street, city or town, state, zip) 21c 11:55 P. M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a JAN 19 1979		REGISTRAR (Signature) 22b M. Ackerman	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 23 (a) Cardiac pulmonary arrest		Interval between onset and death Immediate	
(b) Cancer metastatic		Interval between onset and death 21 Mo	
(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) 24 No		AUTOPSY (Specify Yes or No) 24 No	
ACCIDENT (Specify Yes or No) 26a		DATE OF INJURY (Mo, Day, Yr.) 26b	
INJURY AT WORK (Specify Yes or No) 26c		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26d	
HOUR OF INJURY 26e		DESCRIBE HOW INJURY OCCURRED 26f	
STREET OR R.F.D. NO.		CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

Wm. D. Milne  
P.O. Box 57  
K10

VS-2 Rev-8-78 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 JAN 19 1979

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 2nd day of February A.D., 19 79 at 4:30 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 2844.

FEE \$3.00

WM. D. MILNE, County Clerk  
By Bonetha Shetch Deputy

RECEIVED 4:30 PM  
FEB 2 1979