63147

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

Local File Number 67

Vol. M79 Page 4440

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: William	Middle: D.	Last: Rhea			DATE OF DEATH (month, day, year) 2 February 24, 1979
3 RACE (White, Black, American Indian, etc.) (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 77	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year): June 29, 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): Pres. Intercomm. Hospt.			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): West Virginia	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Lola B. Rhea		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 542-05-2663	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Electrician		14b KIND OF BUSINESS OR INDUSTRY: Lumber		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: Rt. 5, Box 1099 A 97601		Inside City Limits (specify yes or no) 15e No
16 FATHER—NAME first middle last: Howard Rhea	17 MOTHER—Maiden Name first middle last: Maude		18 INFORMANT—NAME and relationship to deceased: Lola B. Rhea, Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park		LOCATION city or town / state: 19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a: Mike Glass	NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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]: D. Storz MD — DATE SIGNED [Mo., Day, Yr.] 21b: 2/26/79 — HOUR OF DEATH 21c: 1:40 P. M

NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: Dave Seeley, M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: FEB 27 1979 — REGISTRAR 22b [Signature]: Marian Ackerman

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

PART I
(a) Pneumonia — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) COPD - Severe — 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): CVI c (R) CVA.

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No]: No
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 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)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date FEB 27 1979

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 28th day of February A.D., 19 79 at 1:36 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 4440.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Deutsch Deputy