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

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64759

398

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME 1	First: WALTER	Middle: DANA	Last: STEELE, JR.	DATE OF DEATH (month, day, year) 2	October 28, 1978
RACE White, Black, American Indian, etc.(specify) 3	White	SEX 4 Male	AGE—Last birthday (years) 5a: 75	Under 1 year: 5b hours / days	Under 1 day: 5c hours / min.
DATE OF BIRTH (month, day, year) 6	March 13, 1903				
COUNTY OF DEATH 7a	Klamath	CITY, TOWN OR LOCATION OF DEATH 7b	Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c	Kl. County Nursing Home
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d	Inpatient				
STATE OF BIRTH (If not in U.S.A., name country) 8	Arizona	CITIZEN OF WHAT COUNTRY 9	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10	Married
SPOUSE (IF MARRIED, WIDOWED) 11	Wanda A.	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12	No		
SOCIAL SECURITY NUMBER 13	543 - 10 - 9371	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Baker - Retired	KIND OF BUSINESS OR INDUSTRY 14b	Bakery Shop Owner
RESIDENCE—STATE 15a	Oregon	COUNTY 15b	Klamath	CITY, TOWN, OR LOCATION 15c	Klamath Falls
STREET AND NUMBER OR R.F.D., ZIP 15d	6451 Moyina Way 97601	Inside City Limits (specify yes or no) 15e	No		
FATHER—NAME first middle last 16	Walter D. Steele	MOTHER—Maiden Name first middle last 17	Ida May (N/R)	INFORMANT—NAME and relationship to deceased 18	Wanda A. Steele - Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a	Burial	CEMETERY OR CREMATORY—NAME 19b	Eternal Hills Mem. Gardens	LOCATION city or town state 19c	Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a	Warren K. Ward	NAME AND ADDRESS OF FACILITY 20b	WARDS - 1945 Main - Klamath Falls, Oregon 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.

CERTIFIER — NAME AND TITLE 21a [Signature] (Type or print)	Geoffrey Marx	DATE SIGNED [Mo., Day, Yr.] 21b	10/30/78
HOUR OF DEATH 21c	7:30 A M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21d	Geoffrey F. Marx, M.D.	MAILING ADDRESS (Street, city or town, state, zip) 21e	405 Medical-Dental Bldg / Klamath Falls, Ore. 97601
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a	OCT 31 1978	REGISTRAR 22b [Signature]	Marian Ackerman

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

		Interval between onset and death
PART I 23 IMMEDIATE CAUSE (a)	Congestive Heart Failure	2 months
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerosis	Years.
DUE TO, OR AS A CONSEQUENCE OF: (c)	-	

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	Severe Hypothyroidism	AUTOPSY (Specify Yes or No) 24	No
WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No)	No		

ACCIDENT (Specify Yes or No) 26a	No	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c M
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-8-78 P-65412

D.L. Yonts
2261 S 6th
K Falls

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 NOV 1 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 29th day of March A.D., 1979 at 4:13 o'clock P M., and duly recorded in Vol M79 of Deeds on Page 6977.

WM. D. MILNE, County Clerk

By Bernetha Lebeck Deputy

FEE $3.00

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