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

Vol. M 79 Page 15920

# CERTIFICATE OF DEATH

Local File Number: 70141

State File Number:

| | | | | |
|---|---|---|---|---|
| 1 DECEASED—NAME: First ARNOLD | Middle JOHN | Last MOLLING | 2 DATE OF DEATH (month, day, year): MAY 11, 1979 | |
| 3 RACE White, Black, American Indian, etc. (specify): White | 4 SEX: Male | 5a AGE—Last birthday (years): 57 | 5b Under 1 year: mos. / days | 5c Under 1 day: hours / min. |
| 6 DATE OF BIRTH (month, day, year): June 15, 1921 | | | | |
| 7a COUNTY OF DEATH: MULTNOMAH | 7b CITY, TOWN OR LOCATION OF DEATH: PORTLAND, OREGON | 7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): VETERANS ADMINISTRATION | 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): Wisconsin | 9 CITIZEN OF WHAT COUNTRY: USA | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | 11 SPOUSE (IF MARRIED, WIDOWED): Beverly N. Molling | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: YES |
| 13 SOCIAL SECURITY NUMBER: 391 12 8611 | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Cook | 14b KIND OF BUSINESS OR INDUSTRY: Restaurants | | |
| 15a RESIDENCE—STATE: Oregon | 15b COUNTY: Klamath | 15c CITY, TOWN, OR LOCATION: Klamath Falls | 15d STREET AND NUMBER OR R.F.D., ZIP: 3924 Sturdivant 97601 | 15e Inside City Limits (specify yes or no): No |
| 16 FATHER—NAME first middle last: John P. Molling | 17 MOTHER—Maiden Name first middle last: Clara Ditman | 18 INFORMANT—NAME and relationship to deceased: Beverly N. Molling (Wife) | | |
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial | 19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park | 19c LOCATION city or town state: Klamath Falls, Oregon 97601 | | |
| 20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature] | 20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., 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. 21a [Signature]: Thomas P. Harvey MD | 21b DATE SIGNED [Mo., Day, Yr.]: May 11, 1979 | 21c HOUR OF DEATH: 5:55 Am | | |
| 21d CERTIFIER — NAME AND TITLE (Type or print): THOMAS P. HARVEY, M.D. | MAILING ADDRESS (Street, city or town, state, zip): VETERANS ADMINISTRATION HOSPITAL 3710 S.W. U.S. Veterans Hospital Road Portland, Oregon 97201 | | | |
| 21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: | | | | |
| 22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 25 1979 | 22b REGISTRAR [Signature]: [signature] | | | |

PART I

| | | Interval between onset and death |
|---|---|---|
| 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] | | |
| (a) CARDIO RESPIRATORY ARREST | | Immediate |
| DUE TO, OR AS A CONSEQUENCE OF: | | |
| (b) METABOLIC ENCEPHALOPATHY WITH COMA | | Weeks |
| DUE TO, OR AS A CONSEQUENCE OF: | | |
| (c) ALCOHOLIC LIVER DISEASE | | Years |

PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): NONE

24 AUTOPSY [Specify Yes or No]: NO

25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No]: NO

| 26a ACCIDENT [Specify Yes or No] | 26b DATE OF INJURY [Mo, Day, Yr] | 26c HOUR OF INJURY | 26d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| NO | | M | |
| **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-8-78 P-65412

Date MAY 25 1979

STATE OF OREGON )
) ss.
COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

(Seal)

Registrar of Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of July A.D., 19 79 at 2:23 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 15920.

WM. D. MILNE, County Clerk

By Bernadine Kelsch Deputy

FEE $3.00