

71115

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 177 Page 17468

CERTIFICATE OF DEATH

State File Number

Local File Number
177

DECEASED—NAME FIRST MIDDLE LAST BRUCE BARTON SIROLA		DATE OF DEATH (MONTH, DAY, YEAR) May 25, 1979	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE—LAST BIRTHDAY (YEARS) 41	DATE OF BIRTH (MONTH, DAY, YEAR) February 9, 1938
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) 2931 Bristol Ave.	IF HOSP. OR INST. INDICATE DOA, OF HOSP. RM., INPATIENT (SPECIFY)	
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SPOUSE (IF MARRIED, WIDOWED) Gloria
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Michigan	SOCIAL SECURITY NUMBER 373 - 36 - 822	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Welder	KIND OF BUSINESS OR INDUSTRY Valley Machine
RESIDENCE—STATE Oregon	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 4700 Bisbee Street	INSIDE CITY LIMITS (SPECIFY YES OR NO) No
FATHER—NAME FIRST MIDDLE LAST Herman Sirola	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mae Helsten	INFORMANT—NAME AND RELATIONSHIP TO DECEASED Gloria Sirola - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	LOCATION CITY OR TOWN STATE Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY WARD'S / 1945 Main / Klamath Falls, Oregon 97601			
CERTIFICATION—MEDICAL EXAMINER			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (MONTH, DAY, YEAR) 7:35 PM, May 25, 1979	THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 7:45 PM, May 25, 1979	FROM: NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	DEGREE OF TITLE
CERTIFIER—SIGNATURE <i>George R. Nicholson, M.D.</i>		NAME—(TYPE OR PRINT) George R. Nicholson, M.D.	
MEDICAL EXAMINER FOR: KLAMATH COUNTY		DATE SIGNED (MONTH, DAY, YEAR) May 30, 1979	
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) May 30, 1979		REGISTRAR (SIGNATURE) <i>Marian Ackerman</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) Massive crushing injury of head			INTERVAL BETWEEN ONSET AND DEATH
(B) DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH
(C) DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			AUTOPSY (SPECIFY YES OR NO) Yes
DATE OF INJURY (MONTH, DAY, YEAR) May 25, 1979			
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Steel beam fell on him while being hoisted up		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 2931 Bristol Ave/Klamath Falls/Klamath/Oregon	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. Truck Garage		INJ. AT WORK (SPECIFY YES OR NO) Yes	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

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 JUN 1 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 23rd day of July A.D., 1979 at 4:22 o'clock P.M., and duly recorded in Vol. 177 of De-cds on Page 17468.

FEE \$3.00

WM. D. MILNE, County Clerk

By *Bernetha Heltsch*, Deputy