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

71828 — Local File Number: 235 — Vol. M 79 Page 18546 — State File Number

CERTIFICATE OF DEATH

1 DECEASED—NAME: Virgil Leonard Parks					2 DATE OF DEATH (month, day, year): July 7, 1979
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 73	Under 1 year: 5b mos / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): March 12, 1906
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): Washburn Manor		7d IF HOSP. OR INST. indicate DOA, OP/Emer., Inp., Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Oregon	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Agnes C. Parks		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 543-03-4699	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Commercial Contractor Self-Emp.		14b KIND OF BUSINESS OR INDUSTRY: Construction		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1143 Kane St. 97601		Inside City Limits (specify yes or no) 15e: No
16 FATHER—NAME first middle last: Everett Wastel Parks	17 MOTHER—Maiden Name first middle last: Sylvia May Reid		18 INFORMANT—NAME and relationship to deceased: Agnes C. Parks, Wife		
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens		19c LOCATION city or town state: Klamath Falls, Oregon		
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]	20b NAME AND ADDRESS OF FACILITY: 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] [signature] — DATE SIGNED [Mo., Day, Yr.] 21b: 7/9/79 — HOUR OF DEATH 21c: 12:25 A. M

CERTIFIER — NAME AND TITLE (Type or print): 21d. William G. Holford Jr. M.D. — MAILING ADDRESS (Street, city or town, state, zip): 4036 So. 6th St., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	22b REGISTRAR [Signature]
JUL 10 1979	[signature]

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

		Interval between onset and death
(a)	Severe Chronic Pulmonary Emphysema	year
DUE TO, OR AS A CONSEQUENCE OF: (b)		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)

24 AUTOPSY (Specify Yes or No)	25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo, Day, Yr)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
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

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

(SEAL)

By [signature], Deputy Registrar
Date JUL 10 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 3rd day of August A.D., 19 79 at 3:18 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 18546.

FEE $3.50

WM. D. MILNE, County Clerk
By Demetha A. Fetsch Deputy