72768

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

Vol. 79 M Page 20036

75
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: Hubert	Middle: A.	Last: Williams		2 DATE OF DEATH (month, day, year): March 3, 1979	
RACE White, Black, American Indian, etc.(specify) 3: White	SEX 4: Male	AGE—Last birthday (years) 5a: 78	Under 1 year: mos. 5b / days	Under 1 day: hours 5c / min.	6 DATE OF BIRTH (month, day, year): March 10, 1900
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 Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Illinois	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Ada L. Williams		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 712-05-0458	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a: Welder			14b KIND OF BUSINESS OR INDUSTRY: Great Northern Railroad	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2200 Main St. 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Roy Williams		17 MOTHER—Maiden Name first middle last: Florence Collins		18 INFORMANT—NAME and relationship to deceased: Ada L. Williams, Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Williamette National Cemetery			19c LOCATION city or town state: Portland, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a: Mike O'Hair	NAME AND ADDRESS OF FACILITY 20b: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon				

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] CERTIFIER — NAME AND TITLE (Type or Print): George Zupan M.D.
DATE SIGNED (Mo., Day, Yr.) 21b: MARCH 5, 1979
HOUR OF DEATH 21c: 3:15 P. M
21d MAILING ADDRESS (Street, city or town, state, zip): 1905 Main St., Klamath Falls, Oregon 97601
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a: MAR 6 1979	REGISTRAR 22b [Signature]: Marian Johnson

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

PART I
(a) ACUTE CONGESTIVE PULMONARY EDEMA — Interval between onset and death: MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(b) ACUTE LEFT VENTRICULAR — Interval between onset and death: HOURS
DUE TO, OR AS A CONSEQUENCE OF:
(c) ARTERIOSCLEROTIC HEART DISEASE — Interval between onset and death: YEARS

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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

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

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

DATE ISSUED APRIL 13 1979

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR
Marian C. Haven

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of August A.D., 1979 at 4:23 o'clock P M., and duly recorded in Vol 370, of Deeds on Page 20036.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernecha Rebuch Deputy