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

74023 — Local File Number 308 — Vol. M79 Page 22030

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Lyman; Middle: "Lou"; Last: Williams					2 DATE OF DEATH (month, day, year): September 11, 1979
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 86	5b Under 1 year: mos. days	5c Under 1 day: hours min.	6 DATE OF BIRTH (month, day, year): April 12, 1893
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): Klamath Co. Nursing Home			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): California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Meda G. Williams		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: 543-10-1043	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Grader		14b KIND OF BUSINESS OR INDUSTRY: Lumber		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 3427 Chelsea St. 97601 X		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: James D. Williams	17 MOTHER—Maiden Name first middle last: Hattie Davis		18 INFORMANT—NAME and relationship to deceased: Meda G. Williams, Wife X		
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 X		
20a FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]: Meda Bla	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]: Blake Berven	21b DATE SIGNED [Mo., Day, Yr.]: September 12, 1979	21c HOUR OF DEATH: 3:30 P.M. M			
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake Berven, M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 12 1979	22b REGISTRAR [Signature]: Marian Ackerman				

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

		Interval between onset and death
23 (a) IMMEDIATE CAUSE	Ventricular Fibrillation	5 min
(b) DUE TO, OR AS A CONSEQUENCE OF:	ASHD, CHF, IV	10 yrs
(c) DUE TO, OR AS A CONSEQUENCE OF:		

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

24 AUTOPSY [Specify Yes or No]: No	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or 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-1-78 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date SEP 13 1979

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss. ...DEPT. OF HEALTH SERVICES

I hereby certify that the within instrument was received and filed for record on the ~~17th~~ day of September A.D., 19 79 at 11:30 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 22030.

FEE $3.50

WM. D. MILNE, County Clerk
By Pamela A. Stoch Deputy