MC 8293-K

Vol. M79 Page 23810

79-012639

75165

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

272

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: First JAMES; Middle EDMOND; Last WILSON
1 RACE White, Black, American Indian, etc. (specify): White
2 DATE OF DEATH (month, day, year): August 5, 1979
3 SEX: Male
4 AGE—Last birthday (years): 62
5a Under 1 year: mos. days; Under 1 day: hours min.
5b 5c
6 DATE OF BIRTH (month, day, year): September 26, 1916
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): West Medical Center
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): Oklahoma
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced
11 SPOUSE (IF MARRIED, WIDOWED): —
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 443 - 05 - 9776
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mechanic
14b KIND OF BUSINESS OR INDUSTRY: Wilson's Garage
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Chemult
15d STREET AND NUMBER OR R.F.D., ZIP: PO Box 138 97731
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: —
17 MOTHER—Maiden Name first middle last: —
18 INFORMANT—NAME and relationship to deceased: Kenneth Wilson - Son
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gardens
19c LOCATION city or town state: Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James Pond
20b NAME AND ADDRESS OF FACILITY: WARDS 1945 Main - Klamath Falls, Oregon 97601
20c DATE SIGNED (Mo., Day, Yr.): 8/6/79
21a 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. [Signature]: D. Seeley MD
21b MAILING ADDRESS (Street, city or town, state, zip): 611 Med-Dent Bldg / Klamath Falls, Oregon 97601
21c HOUR OF DEATH: 1:35 p M
21d CERTIFIER—NAME AND TITLE (Type or Print): David Seeley, MD
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG - 7 1979
22b REGISTRAR [Signature]: Anne Pratt

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).
23 IMMEDIATE CAUSE (a): Pneumonia — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (b): Severe COPD & acute bronchitis — 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): No
25 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY:
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 MULTNOMAH) ss

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.

DATE ISSUED OCTOBER 4, 1979

STATE REGISTRAR

Marvin C. Haun

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

Return to M.C.-K

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of October A.D., 19 79 at 8:38 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 23810.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Kelsch Deputy