

78421

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 79 Page 29210

CERTIFICATE OF DEATH

TYPE
PRINT
IN
JACK
INK
FOR
DUPLICATIONS
SEE
BOOK

IDENT

DEATH
CERTIFICATE
INFORMATION
AND BOOK
KEEPING
SECTION OF
VITAL ITEMS

POSITION

CERTIFIER

CONDITIONS
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ELASTUSE OF
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DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 JAMES				SHELDE	2 December 13, 1979	
RACE White, Black, American Indian, etc. (specify)		3 White	4 Male	AGE—Last birthday (years)	5a 77	DATE OF BIRTH (month, day, year)
6 August 5, 1902		COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)
7a Klamath		7b Klamath Falls		7c 2622 Campus Drive		IF HOSP OR INST INCLUDE DCA OR ICMR, PM, or INST (Specify)
STATE OF BIRTH (If not in U.S.A., name country)		8 Norway	CITIZEN OF WHAT COUNTRY		9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 Married		SPOUSE (IF MARRIED, WIDOWED)		11 Ann M. Shelde		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
SOCIAL SECURITY NUMBER		13 473 - 10 - 8765		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY
14a Trackwalker / Retired		14b Southern Pacific Rail Road		RESIDENCE—STATE		COUNTY
15a Oregon		15b Klamath		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP
15c Chiloquin		15d Star Route / Box 40		15e Inside City Limits (Specify Yes or No) No		
FATHER—NAME first middle last		16 N/R		MOTHER—Maiden Name first middle last		17 N/R
18 Ann M. Shelde - Wife		BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state
19a Cremation		19b Eternal Hills Crematorium		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		20a		NAME AND ADDRESS OF FACILITY		20b WARD'S / 1945 Main Street / Klamath Falls, Oregon 97601
20c the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a [Signature] Everett E. Howard		DATE SIGNED (Mo., Day, Yr.)		21b 12-13-79
21c 10:30 A.M.		CERTIFIER—NAME AND TITLE (Type or print)		MAILING ADDRESS (Street, city or town, state, zip)		
21d Everett E. Howard, M.D. / 2622 Campus Drive / Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]		21e		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22a DEC 14 1979		REGISTRAR		22b [Signature] Marian Ackerman
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death		
(b) OLD ANTERIOR SEPTAL INFARCTION		Interval between onset and death				
(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)		AUTOPSY (Specify Yes or No)		24 No		WAS CASE REFERRED TO MEDICAL EXAMINER
25 (Specify Yes or No) Yes		26a No		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY
26b		26c		26d		DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)		26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26f
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date DEC 14 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 20th day of December A.D., 19 79 at 1:27 o'clock P M., and duly recorded in Vol. 1179 of Deeds on Page 29210.

FEE \$3.50

WM. D. MILNE, County Clerk

By Deborah Helmer Deputy