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

Vol. M80 Page 3620

CERTIFICATE OF DEATH

81105 — Local File Number — State File Number

DECEASED—NAME: 1 First: CLINTON; Middle: KENNETH; Last: WAGNER

2 DATE OF DEATH (month, day, year): January 22, 1980

3 RACE White, Black, American Indian, etc.(specify): White

4 SEX: Male

5a AGE—Last birthday (years): 67

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): June 29, 1912

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): Montana

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ethel Wagner

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 517 - 17 - 0351

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foreman

14b KIND OF BUSINESS OR INDUSTRY: Western Food Express

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2226 Wantland 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Howard - Wagner

17 MOTHER—Maiden Name first middle last: Hattie - Batie

18 INFORMANT—NAME and relationship to deceased: Ethel Wagner (Wife)

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]: Glenn Miller M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 1/23/80

21c HOUR OF DEATH: 8:15 A. M

21d CERTIFIER — NAME AND TITLE (Type or print): Glenn C. Miller, M.D.

MAILING ADDRESS (Street, city or town, state, zip): 1905 Main Street, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 24 1980

22b REGISTRAR [Signature]: Marian Ackerman

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

23 IMMEDIATE CAUSE (a): Gastrointestinal bleeding — Interval between onset and death: hours

DUE TO, OR AS A CONSEQUENCE OF: Hepatic cirrhosis — Interval between onset and death: years

(b) DUE TO, OR AS A CONSEQUENCE OF: Alcoholism — Interval between onset and death: years

(c)

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

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):

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

Return to:
Mrs. Clinton Wagner
2226 Wantland
K-F-O

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 JAN 25 1980

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 25th day of February A.D., 1980 at 10:03 o'clock A M., and duly recorded in Vol. M80 of Deeds on Page 3620.

WM. D. MILNE, County Clerk

By Dorothy A. Leach Deputy

FEE $3.50