

83643

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics SectionVol. 80 Page 7765130  
CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last <u>William Anthony Galloway</u>			State File Number	
DATE OF DEATH (month, day, year) <u>2 April 17, 1980</u>				
RACE White, Black, American Indian, etc. (specify) <u>White</u>		SEX <u>Male</u>	AGE—Last birthday (years) <u>51</u>	
DATE OF BIRTH (month, day, year) <u>6 July 30, 1928</u>				
COUNTY OF DEATH <u>Klamath</u>	CITY, TOWN OR LOCATION OF DEATH <u>Bonanza</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) <u>Teal Dr.</u>	
STATE OF BIRTH (if not in U.S.A., name country) <u>Missouri</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	SPOUSE (IF MARRIED, WIDOWED) <u>Carol Galloway</u>	
SOCIAL SECURITY NUMBER <u>569-24-2533</u>	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Lab Technologist</u>	KIND OF BUSINESS OR INDUSTRY <u>Medical</u>		
RESIDENCE—STATE <u>Oregon</u>	COUNTY <u>Klamath</u>	CITY, TOWN, OR LOCATION <u>Bonanza</u>	STREET AND NUMBER OR R.F.D., ZIP <u>97623</u> Inside City Limits (specify yes or no) <u>Teal Dr.</u> <u>NO</u>	
FATHER—NAME first middle last <u>William Galloway</u>	MOTHER—Maiden Name first middle last <u>Dema May McBee</u>	INFORMANT—NAME and relationship to deceased <u>Carol Galloway, Wife</u> ✓		
BURIAL, CREMATION, REMOVAL, MAUS (specify) <u>Burial</u>	CEMETERY OR CREMATORY—NAME <u>Lost River Cemetery</u>	LOCATION city or town state <u>Bonanza, Oregon</u>		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <u>Mike O'Hair</u>		NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <u>Blake Berven</u>		DATE SIGNED (Mo., Day, Yr.) <u>April 18, 1980</u>	HOUR OF DEATH <u>7:30 A.M.</u> M	
CERTIFIER—NAME AND TITLE (Type or Print) <u>Blake Berven M.D.</u>		MAILING ADDRESS (Street, city or town, state, zip) <u>Medical Dentl. Bld., Klamath Falls, Ore. 97601</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Blake Berven M.D.</u>				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>APR 18 1980</u>		REGISTRAR <u>Shelia Marie</u>		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <u>Acute ventricular fibrillation</u>		Interval between onset and death <u>Instantaneous</u>		
(b) <u>Recent anterior infarction</u>		Interval between onset and death <u>10 days</u>		
(c) <u>Severe aortic atherosclerosis</u>		Interval between onset and death <u>Years</u>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify yes or No) <u>No</u>		
24		WAS CASE REFERRED TO MEDICAL EXAMINER <u>Yes</u>		
25				
26a	26b	26c	26d	
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO CITY OR TOWN ST.	
26e	26f	26g		

RESERVED FOR REGISTRAR'S USE

Rt 1 Box 347C  
Bonanza, Or

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marie, Deputy RegistrarDate April 18, 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 April A.D., 19 80 at 3:08 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 7765.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha H. H. H. Deputy