

86460

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME FIRST MIDDLE LAST WALTER JAMES EGGSMAN		DATE OF DEATH (MONTH, DAY, YEAR) May 18, 1980	
RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) Indian		DATE OF BIRTH (MONTH, DAY, YEAR) July 8, 1927	
SEX Male		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Eggsman Ranch	
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Chiloquin	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Oregon		CITIZEN OF WHAT COUNTRY USA	
SOCIAL SECURITY NUMBER 511-70-2822		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Rancher	
RESIDENCE—STATE Oregon		CITY, TOWN, OR LOCATION Chiloquin	
FATHER—NAME—FIRST MIDDLE LAST Wilbur - Eggsman		MOTHER—MAIDEN NAME—FIRST MIDDLE LAST Mabel - Schonchin	
BURIAL CREMATION, REMOVAL, MAUSOLEUM (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Wilson Cemetery	
FUNDERAL SERVICE LICENSE NO. (IF ANY) Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		INFORMANT—NAME AND RELATIONSHIP TO DECEASED Cloverine Eggsman (Wife)	
CERTIFICATION—MEDICAL EXAMINER I CERTIFY THAT I HAVE EXAMINED THE BODY OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT: DATE OF DEATH (MONTH, DAY, YEAR) May 18, 1980		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
DEATH OCCURRED (MONTH, DAY, YEAR) May 18, 1980		NAME (TYPE OR PRINT) George R. Nicholson, M.D.	
CERTIFIER—SIGNATURE <i>George R. Nicholson, M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) May 18, 1980	
MEDICAL EXAMINER (NAME) Klamath		REGISTRAR (SIGNATURE) <i>Marian Ackerman</i>	
DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR) JUN 25 1980		INTERVAL BETWEEN ONSET AND DEATH seconds	
PART I—IMMEDIATE CAUSE (a) Probable ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH hours	
(b) Focal Myocarditis		INTERVAL BETWEEN ONSET AND DEATH hours	
(c) Focal Myocarditis		AUTOPSY (SPECIFY YES OR NO) Yes	
PART II—OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
DATE OF INJURY (MONTH, DAY, YEAR) May 18, 1980		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Probable ventricular fibrillation	
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) Chiloquin, Oregon			

After recording, please return to:

Crane & Bailey
Attorneys at Law
540 Main, Suite 204
Klamath Falls, Oregon 97601

TAL STATISTICS COPY

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 *Marian Ackerman* Deputy Registrar
Date **JUN 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 3rd day of July A.D., 19 80 at 4:34 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 12373.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bernetha Helich* Deputy