

87524

STATE OF OREGON  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit  
CERTIFICATE OF DEATH

Vol. 80 Page 14084

263

Local File Number

State File Number

DECEASED—NAME—First Middle Last <b>RICHARD L. WRIGHT</b>			DATE OF DEATH (month, day, year) <b>July 22, 1980</b>		
RACE White; Black; American Indian, etc. (specify) <b>White</b>			SEX <b>Male</b>	AGE—Last birthday (years) <b>64</b>	DATE OF BIRTH (month, day, year) <b>February 11, 1916</b>
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <b>West Medical Center</b>		IF HOSP. OR INST. Indicate DOA, Outpatient, Inpatient (Specify) <b>Inpatient</b>
STATE OF BIRTH (If not in U.S., name country) <b>Oregon</b>			CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	SPOUSE (IF MARRIED, WIDOWED) <b>Phyllis Jean Wright</b>
SOCIAL SECURITY NUMBER <b>541-05-0051</b>			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>Meatcutter</b>		KIND OF BUSINESS OR INDUSTRY <b>Retail Meat Sales</b>
RESIDENCE—STATE <b>Oregon</b>		COUNTY <b>Klamath</b>	CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		STREET AND NUMBER OR R.F.D., ZIP <b>621 Jefferson St. 97601</b>
FATHER—NAME—first middle last <b>Leighton - Wright</b>			MOTHER—Maiden Name—first middle last <b>Lorene - Mason</b>		INFORMANT—NAME and relationship to deceased <b>Terri Moczynski, daughter</b>
BURIAL, CREMATION, REMOVAL, MAUS (specify) <b>Cremation</b>			CEMETERY OR CREMATORY—NAME <b>Eternal Hills Crematory</b>		LOCATION—city or town state <b>Klamath Falls, Oregon 97601</b>
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>William J. Davenport</i>			NAME AND ADDRESS OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601</b>		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Everett E. Howard</i>			DATE SIGNED (Mo., Day, Yr.) <b>7-27-80</b>		HOUR OF DEATH <b>0626</b>
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601</b>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>JUL 23 1980</b>			REGISTRAR <i>Marian Ackerman</i>		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
(a) <b>ACUTE MYOCARDIAL INFARCTION</b>					Interval between onset and death <b>Hours</b>
(b) <b>OLD MYOCARDIAL INFARCTION</b>					Interval between onset and death <b>Year</b>
(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)					
<b>DIABETES MELLITUS</b>					AUTOPSY [Specify Yes or No] <b>No</b>
					WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] <b>Yes</b>
ACCIDENT [Specify Yes or No] <b>No</b>	DATE OF INJURY (Mo., Day, Yr.) <b>26d</b>	HOUR OF INJURY <b>26c</b>	DESCRIBE HOW INJURY OCCURRED <b>26d</b>		
INJURY AT WORK [Specify Yes or No] <b>No</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26e</b>	LOCATION <b>26f</b>	STREET OR R.F.D. NO. <b>26g</b>	CITY OR TOWN <b>26h</b>	STATE <b>26i</b>
RESERVED FOR REGISTRAR'S USE					

HS-2 Rev-1-80

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 **JUL 24 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 29th day of July A.D., 19 80 at 2:41 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 14084.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bernetha A. Hetch* Deputy