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28
Local File Number

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M80 Page 17271

State File Number

DECEASED

- 1. DECEASED—NAME: First: Harold "Hal" · Middle: - · Last: Shidler
- 2. DATE OF DEATH (month, day, year): January 21, 1976
- 3. RACE White, Negro, American Indian, etc. (specify): White
- 4. SEX: Male
- 5a. AGE—Last birthday (years): 73 · 5b. Under 1 year: mos. days · 5c. Under 1 day: hours min.
- 6. DATE OF BIRTH (month, day, year): September 8, 1902
- 7a. COUNTY OF DEATH: Klamath
- 7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
- 7c. Inside City Limits (specify yes or no): yes
- 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): D.O.A. Pres. Intercomm. Hospt.
- 8. STATE OF BIRTH (if not in U.S.A., name country): Washington
- 9. CITIZEN OF WHAT COUNTRY: U.S.A.
- 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
- 11. NAME OF SPOUSE: Grace L. Shidler
- 12. SOCIAL SECURITY NUMBER: 544-26-1581
- 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Owner: Sporting Goods Retail
- 13b. KIND OF BUSINESS OR INDUSTRY: Sporting Goods

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

- 14a. RESIDENCE—STATE: Oregon
- 14b. COUNTY: Klamath
- 14c. CITY, TOWN, OR LOCATION: Klamath Falls
- 14d. Inside City Limits (specify yes or no): No
- 14e. STREET AND NUMBER OR R.F.D.: 4719 Clinton St.
- 15. FATHER—NAME first middle last: James Franklin Shidler
- 16. MOTHER—Maiden Name first middle last: Mary Bell Williamson
- 17. INFORMANT—NAME and relationship to deceased: Grace L. Shidler, Wife

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
immediate cause (a)	CVA	10 min
due to, or as a consequence of: (b)	Generalized atherosclerosis	5 yrs
due to, or as a consequence of: (c)	Severe COPD	10 yrs

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): chronic hypoxemia

- 19a. AUTOPSY (yes or no): No
- 19b. IF YES were findings considered in determining cause of death:
- 20a. ACCIDENT (specify yes or no):
- 20b. DATE OF INJURY (month, day, year):
- 20c. HOUR: M.
- 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
- 20e. INJURY AT WORK (specify yes or no):
- 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
- 20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

- 21. CERTIFICATION—PHYSICIAN: I attended the deceased from: April 17, 1974 to Jan. 21, 1976
- And Last Saw Him/Her Alive on: Nov. 25, 1975
- I Did/Did Not view the body after death (specify): did
- DEATH OCCURRED (hour): 8:40 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
- 22a. PHYSICIAN—SIGNATURE: [signature]
- 22b. NAME (type or print): Blake Berven · degree or title: M.D.
- 22c. DATE SIGNED (month, day, year): January 21, 1976
- 23. MAILING ADDRESS—PHYSICIAN: street: Medical Dentl. Bld., city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

- 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
- 24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
- 24c. LOCATION city or town, state: Klamath Falls, Oregon
- 24d. DATE (mo., day, year): 1-22-76
- 25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
- 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
- 26a. REGISTRAR—SIGNATURE: [signature]
- 26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 2 2 1976
- 27. DATE RECEIVED BY STATE REGISTRAR:
- 28. RESERVED FOR REGISTRAR'S USE

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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.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar

Date JAN 2 3 1976

VOID IF ALTERED 19

Ret 2406 Gettle City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of September A.D., 1980 at 3:39 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 17271.

FEE $3.50

WM. D. MILNE, County Clerk

By [signature] Deputy