

92409

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. 80 Page 21919

362

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last JEWELL EDWARD RAY GOLDEN		DATE OF DEATH (month, day, year) October 10, 1980	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Male	3 AGE—Last birthday (years) 76	4 DATE OF BIRTH (month, day, year) February 20, 1904
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 1745 Riverside Dr.	7 IF HOSP. OR INST. indicate DOA, OP, Emer., Am., Inpatient (Specify)	8 COUNTY OF DEATH Klamath
9 STATE OF BIRTH (if not in U.S.A., name country) Arkansas	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) Syble Golden
13 SOCIAL SECURITY NUMBER 441 - 03 - 9926	14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Millworker - Retired	15 KIND OF BUSINESS OR INDUSTRY Klamath Wood Products	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
17 RESIDENCE—STATE Oregon	18 COUNTY Klamath	19 CITY, TOWN, OR LOCATION Klamath Falls	20 STREET AND NUMBER OR R.F.D., ZIP 1745 Riverside Dr. 97601
21 FATHER—NAME first middle last Richard B. Golden	22 MOTHER—Maiden Name first middle last Annie Ray	23 INFORMANT—NAME and relationship to deceased Syble Golden - Wife	24 LOCATION city or town state Klamath Falls, Oregon
25 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	26 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	27 FUNERAL SERVICES LICENSEE or Person Acting As Such (Signature) <i>Raymond Tice</i>	28 NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Or. 97601
29 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 29a (Signature) 29b (Signature) 29c (Signature)	30 DATE SIGNED (Mo., Day, Yr.) Oct 10 80	31 HOUR OF DEATH 12:45 A.M.	32 NAME AND ADDRESS OF CERTIFIER (Type or Print) Raymond Tice, M.D. / 309 Med-Dent Bldg / Klamath Falls, Oregon 97601
33 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 10 1980	34 REGISTRAR (Signature) Claudia Francis	35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) <i>Mitral regurgitation + Co. chronic heart failure</i> (b) <i>Coronary atherosclerosis</i> (c) <i>Coronary artery disease</i>	
36 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) No		37 ACCIDENT (Specify Yes or No) No	38 DATE OF INJURY (Mo., Day, Yr.) No
39 INJURY AT WORK (Specify Yes or No) No	40 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No	41 HOUR OF INJURY No	42 DESCRIBE HOW INJURY OCCURRED No
43 AUTOPSY (Specify Yes or No) No		44 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
45 LOCATION CITY OR TOWN STATE Klamath Falls Oregon			
RESERVED FOR REGISTRAR'S USE			

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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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By *Claudia Francis*, Deputy Registrar

Date OCT 13 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
12th day of November A.D., 19 80 at 11:52 o'clock A.M., and duly recorded in
Vol. M80 of Deeds on page 21919.

Fee \$ 3.50

WM. D. MILNE, County Clerk
by *Janet A. Smith* deputy