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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Walter; Middle: H.; Last: Fleet

2 DATE OF DEATH (month, day, year): October 15, 1980

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 77

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): August 21, 1903

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Med. Cent.

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Prn. Inpatient (Specify): D.O.A.

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): California

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Hazel M. Fleet

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 532-10-1532

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Public Accountant

14b KIND OF BUSINESS OR INDUSTRY: Accounting

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1221 East St. 97601 ✓

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Walter Sidney Thomas Fleet

17 MOTHER—Maiden Name first middle last: Ethel Mae Howard

18 INFORMANT—NAME and relationship to deceased: Hazel M. Fleet, Wife ✓

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE OR PERSON Acting As Such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

21a To be Completed by CERTIFYING PHYSICIAN Only: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [signature]

21b DATE SIGNED (Mo., Day, Yr.): 10/16/80

21c HOUR OF DEATH: 1:57 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): William A. Bartlett M.D. 2860 Daggett St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 17 1980

22b REGISTRAR (Signature): Claudia Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Myocardial Standstill — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic vascular disease — Interval between onset and death: 4 years
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
		M	No	Yes

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26d DESCRIBE HOW INJURY OCCURRED	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By [signature]
Date OCT 17 1980, Deputy Registrar

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

35 cts

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 November A.D., 1980 at 11:51 O'clock A. M., and duly recorded in Vol M-80 of Deeds on Page 22881.

Fee $ 3.50

KM D. MILNE, County Clerk
by [signature] Deputy

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