95219
STATE FILE NUMBER

CERTIFICATE OF DEATH

Vol. M81 Page 1373
4700-101

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

Field	Entry
1A. NAME OF DECEASED—FIRST NAME	Walter
1B. MIDDLE NAME	LeRoy
1C. LAST NAME	Bickett
2A. DATE OF DEATH—MONTH, DAY, YEAR	May 10, 1974
2B. HOUR	3:00 P. M.
3. SEX	Male
4. COLOR OR RACE	White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	South Dakota
6. DATE OF BIRTH	Dec. 1, 1938
7. AGE (LAST BIRTHDAY)	35 YEARS
IF UNDER 1 YEAR / IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER	Ernest E. Bickett: Kentucky
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Theodora Scheuring: Iowa
10. CITIZEN OF WHAT COUNTRY	U.S.A.
11. SOCIAL SECURITY NUMBER	504-34-6812
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	Sondra Bickett
14. LAST OCCUPATION	Electrician
15. NUMBER OF YEARS IN THIS OCCUPATION	10
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	East Side Electric
17. KIND OF INDUSTRY OR BUSINESS	Electricial Contractor

PLACE OF DEATH

Field	Entry
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	Walter Keel Ranch
18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	East Juanita Rd.
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No
18D. CITY OR TOWN	Macdoel
18E. COUNTY	Siskiyou
18F. LENGTH OF STAY IN COUNTY OF DEATH	5½ Hours xxx
18G. LENGTH OF STAY IN CALIFORNIA	5½ Hours xxx

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

Field	Entry
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	2021 Homedale Rd.
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	No
19C. CITY OR TOWN	Klamath Falls
19D. COUNTY	Klamath
19E. STATE	Oregon
20. NAME AND MAILING ADDRESS OF INFORMANT	Sondra Bickett, Wife 2021 Homedale Rd. Klamath Falls, Ore. 97601

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN (INVESTIGATION OR INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW	
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)	
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	A. B. Cather By S. Taylor Dept.
21D. DATE SIGNED	5-14-74
21E. ADDRESS	Yreka, Ca
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	Burial
22B. DATE	5-14-74
23. NAME OF CEMETERY OR CREMATORY	Mt. Calvary Cemetery
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER	Not Embalmed in Calif.
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Mike O'Hair Cer #42 O'Hair's Funeral Chapel
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	Yes
27. LOCAL REGISTRAR—SIGNATURE	P. K. Bley By Jeanne L Lane
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	MAY 14 1974

MEDICAL AND HEALTH DATA — CAUSE OF DEATH

29. 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)		
DUE TO, OR AS A CONSEQUENCE OF (B)	Acute Myocardial Infarction	
DUE TO, OR AS A CONSEQUENCE OF (C)	Occlusion left anterior descending coronary	

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

Field	Entry
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.	
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)	No
32A. AUTOPSY (SPECIFY YES OR NO)	Yes
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	Yes

INJURY INFORMATION

Field	Entry
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)	
36A. DATE OF INJURY—MONTH, DAY, YEAR	
36B. HOUR	M.
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19.	MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	Yes
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)	

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

13885

25-347

REV. 1-1-68 FORM VS-11

29 JAN 81

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 25 of Reg. of Death Page 347. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 14th day of May 1974

2587

COUNTY RECORDER SISKIYOU CO CAL

P. K. Bley
Recorder

COUNTY RECORDER SISKIYOU CO CAL

No charge, issued under Sec. 6107, for official government use only.

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 January A.D., 1981 at 9:16 o'clock A M., and duly recorded in Vol M81 of Deeds on page 1373.

EVELYN BIEHN
COUNTY CLERK

Fee $3.50

By Bernetha A Letsch Deputy