

96450

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics Section

Vol. 1781 Page 3464

## CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
1 WILLIAM CLARENCE BAILEY, JR.					DATE OF DEATH (month, day, year)
2 RACE White, Black, American Indian, etc. (specify)		3 SEX Male	4 AGE—Last birthday (years) 66	5 Under 1 year Under 1 day	6 DATE OF BIRTH (month, day, year)
7a Klamath		7b Klamath Falls		7c 3939 Tingley Lane	7d
8 STATE OF BIRTH (If not in U.S.A., name country) Calif.		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Viva Bailey
12 SOCIAL SECURITY NUMBER 543 - 14 - 2526		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Rancher - Retired		14b KIND OF BUSINESS OR INDUSTRY Ranching	
15a RESIDENCE—STATE Oregon		15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 3939 Tingley Lane 97601	15e Inside City Limits (specify yes or no) No
16 FATHER—NAME first middle last William C. Bailey		17 MOTHER—Maiden Name first middle last Abigail Griffin		18 INFORMANT—NAME and relationship to deceased Viva Bailey - 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 97601	
20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) <i>Marian Ackerman</i>		20b NAME AND ADDRESS OF FACILITY WARD'S / 1945 Main St. / Klamath Falls, Oregon 97601		20c DATE SIGNED (Mo., Day, Yr.) 6-6-80	
21a CERTIFIER—NAME AND TITLE (Type or print) Fletcher Conn, M.D. / 1905 Main St / Klamath Falls, Oregon 97601		21b MAILING ADDRESS (Street, city or town, state, zip) 1905 Main St / Klamath Falls, Oregon 97601		21c HOUR OF DEATH 5:00 A M	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 12 1980		22b REGISTRAR (Signature) <i>Marian Ackerman</i>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) Myocardial Infarction					
(b) Atherosclerotic Cardiovascular Disease					
(c) Chronic Obstructive Pulmonary Disease					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
24 ACCIDENT (Specify Yes or No) No		25 DATE OF INJURY (Mo., Day, Yr.)		26 HOUR OF INJURY	
27 INJURY AT WORK (Specify Yes or No)		28 PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		29 LOCATION	
26a		26b		26c	
26d		26e		26f	
26g		26h		26i	
RESERVED FOR REGISTRAR'S USE					

William M. Hanong  
P.O. Box 57  
K. Tell

VS-2 Rev-8-78 P-65412

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 *Marian Ackerman*, Deputy Registrar

Date JUN 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  
27th day of February A.D., 19 81 at 3:14 o'clock p M., and duly recorded in

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Fee \$3.50

EVELYN BIGHIN

DUPLICATE

By *Bernetha Heloach* deputy