

DEATH &amp; RECORDER

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT - NAME FIRST		MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)
1. Charles		Woodrow	NEHL	2. Male	3. August 12, 1981
RACE - White, Black, American Indian, etc. (Specify)		AGE - Last Birthday (Years)	UNDER 1 YEAR Mos. Days	UNDER 1 DAY Hours Min.	DATE OF BIRTH (Mo., Day, Yr.)
4. White		5a. 65	5b.	5c.	6. December 21, 1915
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			7a. Yellowstone
7b. Custer		7c. Greyhound Bus Station			7d. N/A
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)
8. Minnesota		9. United States	10. Married		11. Hazel Charman
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	12. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No)
12. 544-07-4821		13a. Maintenance Mach.		13b. Brick yard	14. No
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER
15a. Oregon		15b. Klamath	15c. Klamath Falls	15d. No	15e. 208 Gage Road
FATHER - NAME FIRST		MIDDLE	LAST	MOTHER - MAIDEN NAME FIRST	MIDDLE
16. Joseph			Nehl	17. Minnie	Cameron
INFORMANT - NAME (Type or Print)		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
18a. Hazel Charman Nehl		18b. 208 Gage Road Klamath Falls, Oregon 97601			
CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE			
19a. Klamath Falls Cemetery		19b. Klamath Falls Oregon			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		MORTUARY OR OTHER - NAME AND ADDRESS			
19c. Removal		20. Dahl Funeral Chapel Billings, Montana 59101			
DATE OF DISPOSITION (Month, Day, Year)		PERSON IN CHARGE OF DISPOSITION License Number			
21. August 13, 1981		22. (Signature) 64			
To be Completed by CERTIFYING PHYSICIAN Only			To be Completed by CORONER Only		
23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			23b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		
(Signature and Title)			(Signature and Title)		
DATE SIGNED (Month, Day, Year)			DATE SIGNED (Month, Day, Year)		
23b. 8 12 81			24c. 0815		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
23d. 8 12 81			24d. AT 1005		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)			24e. AT 1005		
25. Richard A. Taylor, Coroner 2025 8th Avenue North Billings, Montana 59101			24e. AT 1005		
LOCAL REGISTRAR			DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.)		
25a. (Signature)			26b. August 17, 1981		
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) CARDIAC ARRYTHMIAS				Interval between onset & death	
DUE TO, OR AS A CONSEQUENCE OF:				INSTANT	
(b) CARDIOVASCULAR HEART DISEASE				Interval between onset & death	
DUE TO, OR AS A CONSEQUENCE OF:				YEARS	
(c)				Interval between onset & death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)					
AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER? (Specify Yes or No)			
28. No		29. Yes			
ACCIDENT, SUICIDE, HOMICIDE, UNDET OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
30a.		30b.		30c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE	
30d.		30f.		30g.	

Usual Residence Where Decedent Lived. If Death Occurred in Institution, See Handbook

PARENTS

DISPOSITION

CERTIFIER

Conditions If Any Which Gave Rise To Immediate Cause Stating The Underlying Cause Last

CAUSE OF DEATH

Bureau of Records and Statistics, Montana Department of Health and Environmental Sciences  
1978 Revision  
AUG 18 1981  
PM 1 36

12-80

12333

12333

15994

STATE OF MONTANA, ss.  
County of Yellowstone,

This is to certify that the within instrument is a true and correct copy of the information shown on the duplicate death.

Record on file in my office. Filed for 18 day of Aug 81  
Witness my hand and official seal  
Me: [Signature] Clerk & Recorder  
By: [Signature] Deputy

Return to:  
D. R. Hoots  
2261 South Sixth Street  
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.  
I hereby certify that the within instrument was received and filed for record on the  
9th day of September A.D., 1981 at 1:36 o'clock P M., and duly recorded in  
Vol M81 of Deeds on Page 15993  
Fee \$ 8.00

EVELYN BIEHN  
COUNTY CLERK  
By: [Signature] deputy