

5739

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

Record Klamath

Vol. M-81 Page 18578

Local File Number

CERTIFICATE OF DEATH

OR-146

State File Number

1 DECEASED-NAME FIRST MIDDLE LAST Walter Nathaniel TURNER		2 STATE OF DEATH (MONTH, DAY, YEAR) Found October 16, 1981	
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	4 SEX Male	5 AGE-LAST BIRTHDAY (YEARS) 68	6 UNDER 1 YEAR MONTHS DAYS HOURS MIN. 5A 5B 5C 5D
7 CITY, TOWN, OR LOCATION OF DEATH Crescent		8 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET & NO.) 3 mi west of Crescent in the woods	
9 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Texas	10 CITIZEN OF WHAT COUNTRY USA	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	12 SPOUSE (IF MARRIED, WIDOWED) Rosa Gladys
13 SOCIAL SECURITY NUMBER 451-16-1770		14 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Millworker	
15 RESIDENCE-STATE Oregon	16 COUNTY Klamath	17 CITY, TOWN, OR LOCATION Crescent	
18 FATHER-NAME FIRST MIDDLE LAST Edwin Turner		19 MOTHER-MAIDEN NAME FIRST MIDDLE LAST -	
20 BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Cremation		21 CEMETERY OR CREMATORY-NAME Deschutes Memorial Gardens	
22 FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH SIGNATURE David L. Carby		23 NAME AND ADDRESS OF FACILITY Niswonger-Reynolds, Inc., 105 N.W. Irving, Bend, Or. 97701	
24 I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
25 DEATH OCCURRED (HOUR) MONTH DAY YEAR 7:00 PM October 16, 1981		26 FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
27 CERTIFIER - SIGNATURE George Nicholson, M.D.		28 NAME-(TYPE OR PRINT) George Nicholson, M.D.	
29 MEDICAL EXAMINER FOR: Klamath		30 DATE SIGNED (MONTH, DAY, YEAR) OCT 20 1981	
31 DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) OCT 20 1981		32 REGISTRAR (SIGNATURE) Marian Ackerman	
33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) (A) <u>Arteriosclerotic Heart Disease</u> (B) <u>Due to, or as a consequence of:</u> (C) <u>Due to, or as a consequence of:</u>			
34 PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) DATE OF INJURY (MONTH, DAY, YEAR) HOUR 25A 25B 25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25D 25E 25F INJ. AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)			
35 RESERVED FOR REGISTRAR'S USE			

Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

ORIGINAL-VITAL STATISTICS COPY

HS-107 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy RegistrarDate OCT 21 1981

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
26th day of October A.D., 1981 at 9:21 o'clock A.M., and duly recorded in

Vol M-81 of Deeds on page 18578.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERKBy Evelyn Biehn Deputy