6733

328
Local File Number

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

Vol. M 81 Page 20310

CERTIFICATE OF DEATH

ORS – 146

State File Number

1 DECEASED—NAME (First, Middle, Last)	CHARLES LEE TOLLESON	2 DATE OF DEATH (Month, Day, Year)	August 14, 1981
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)	May 8, 1904
7A CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.)	Route 5, Box 1072
7C If Hosp. or Inst., Indicate DOA, Outpatient, ER, Inpatient (Specify)		7D COUNTY OF DEATH	Klamath
8 STATE OF BIRTH (If not in U.S.A., name country)	Arkansas	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11 SPOUSE (If married, widowed)	Elfie
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No	13 SOCIAL SECURITY NUMBER	570-16-3149
14A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Machine Operator - Retired	14B KIND OF BUSINESS OR INDUSTRY	Lumber
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath
15C CITY, TOWN, OR LOCATION	Klamath Falls	15D STREET AND NUMBER OR R.F.D.	Route 5, Box 1072
15E INSIDE CITY LIMITS (Specify Yes or No)	No	16 FATHER—NAME First Middle Last	Samuel H. Tolleson
17 MOTHER—MAIDEN NAME First Middle Last	Rachel Murray	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Harvey Lee Tolleson / Son
19A BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	Cremation	19B CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens
19C LOCATION—City or Town, State	Klamath Falls, Oregon	20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE	James K. Reed
20B NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Oregon - 97601		

CERTIFICATION—MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (Hour)	7:20 A M.	21B THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour)	August 14, 1981/7:30A M.
21C FROM:	Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐		
21D CERTIFIER—SIGNATURE	[signature]	21E NAME—(Type or Print) Degree or Title	George R. Nicholson, MD
21F MEDICAL EXAMINER FOR	KLAMATH County	21G DATE SIGNED (Month, Day, Year)	AUG 21 1981
22A DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	AUG 21 1981	22B REGISTRAR (Signature)	[signature]

23 IMMEDIATE CAUSE

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.)

(A.) Massive Cutaneous burns + smoke + heat inhalation — DUE TO, OR AS A CONSEQUENCE OF:

(B.) Flash Fire — DUE TO, OR AS A CONSEQUENCE OF:

(C.) — DUE TO, OR AS A CONSEQUENCE OF:

Interval between onset and death: (A.) ; (B.) ; (C.)

PART II — OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

Interval between onset and death:

24 AUTOPSY (Specify Yes or No): No

25A DATE OF INJURY (Month, Day, Year)	Aug. 14, 1981	25B HOUR	7:20M A
25C HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)	Burned in a fire at residence		
25D INJ. AT WORK (Specify Yes or No)	No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	At Home
25F LOCATION (Street or R.F.D. No., City or Town, County, State)	Route 5, Box 1072 / K. Falls/Klamath/Oregon		

RESERVED FOR REGISTRAR'S USE

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date AUG 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 23 day of November A.D., 19 81 at 2:33 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 20310.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy

81 NOV 23 PM 2:33