VS3

8147

MONTANA

CERTIFICATE OF DEATH

08378

Vol M82 Page 305

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

1. DECEDENT - NAME FIRST: William | MIDDLE: O. | LAST: Hughes, Jr.
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): Sept. 25, 1981
4. RACE-White, Black, American Indian, etc. (Specify): White
5a. AGE - Last Birthday (Years): 58
5b. UNDER 1 YEAR - Mos: | Days:
5c. UNDER 1 DAY - Hours: | Min:
6. DATE OF BIRTH (Mo., Day, Yr.): June 12, 1923
7. COUNTY OF DEATH: 7a. Lake
7b. CITY, TOWN, OR LOCATION OF DEATH: Polson
7c. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): St. Joseph Hospital
IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7c. DOA E. Room
8. STATE OF BIRTH (If not in U.S.A. name country): Arizona
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Vera Carter
12. SOCIAL SECURITY NUMBER: 525 42 4526
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hydro Elec. Power Op.
13b. KIND OF BUSINESS OR INDUSTRY: Fed. U. S. Govt.
14. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No): Yes
15a. RESIDENCE - STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. INSIDE CITY LIMITS (Specify Yes or No): Yes
15e. STREET AND NUMBER: Box 1243

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

PARENT

16. FATHER - NAME FIRST: William | MIDDLE: O. | LAST: Hughes, Sr.
17. MOTHER - MAIDEN NAME FIRST: Agatha | MIDDLE: Shaw | LAST:

DISPOSITION

18. INFORMANT - NAME (Type or Print): Vera Hughes
18b. MAILING ADDRESS - STREET OR R.F.D. NO.: Box 1243, CITY OR TOWN: Klamath Falls, STATE: Or, ZIP: 97601
19a. CEMETERY OR CREMATORY - NAME: Lake View Cemetery
19b. LOCATION - CITY OR TOWN: Polson, STATE: Mt.
19c. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
20. MORTUARY OR OTHER - NAME AND ADDRESS: Mosley Funeral Home, Inc. Box 1480 Polson, Mt. 59860
21. DATE OF DISPOSITION (Month, Day, Year): Sept. 28, 1981
22. PERSON IN CHARGE OF DISPOSITION (Signature): Clinton Mosley, License Number: 161

1978 Revision

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title)

DATE SIGNED (Month, Day, Year) | HOUR OF DEATH

23b. | 23c. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

23d.

To be Completed by CORONER Only

24a. 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): Glenn Frame, Coroner

DATE SIGNED (Month, Day, Year): 24b. | HOUR OF DEATH: 24c. 1:10 A. M

PRONOUNCED DEAD (Mo., Day, Yr.): 24d. ON 1:10 A. 9/25/81 | PRONOUNCED DEAD (Hour): 24e. AT 1:10 A. M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)

25. Glenn Frame Sheriff Coroner, Lake Co. Courthouse, Polson, Mt. 59860

LOCAL REGISTRAR

26a. (Signature): Glenn L. Hines, Deputy Reg.

DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.): 26b. September 25, 1981

CAUSE OF DEATH

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

27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) Cardiac Arrest — Interval between onset & death

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset & death

DUE TO, OR AS A CONSEQUENCE OF

(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): 28. No

WAS CASE REFERRED TO CORONER? (Specify Yes or No): 29. Yes

ACCIDENT, SUICIDE, HOMICIDE, UNDET OR PENDING INVESTIGATION (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
30a.	30b.	30c. M	30d.

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
30e.	30f.	30g.

STATE OF MONTANA)
County of Lake) ss.

I hereby certify that the instrument to which this certificate is affixed is a true, full and correct copy of the recording or filing in the office of the Clerk and Recorder.

Witness my hand and official seal this 4th day of November, A.D. 19 81

ETHEL M. HARDING Clerk and Recorder

By: Deputy

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the

8 day of January A.D., 19 82 at 1:05 o'clock P M., and duly recorded in

Vol M 82 of Deeds on page 305.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McLinn Deputy