8424

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

Vol. M82 Page 764

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 403
State File Number:

DECEDENT

1 DECEASED—NAME: First: PAUL; Middle: CHARLES; Last: WILLIAMS

2 DATE OF DEATH (month, day, year): August 2, 1981

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 64

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): August 15, 1916

7a CITY, TOWN OR LOCATION OF DEATH: Roseburg

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Veterans Adm. Medical Center

7c IF HOSP. OR INST. indicate DOA, (ER/Emer., Rm., Inpatient (Specify)): Inpatient

7d COUNTY OF DEATH: Douglas

8 STATE OF BIRTH (If not in U.S.A., name country): Idaho

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced

11 SPOUSE (IF MARRIED, WIDOWED): N/A

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 543 10 22 86

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

14b KIND OF BUSINESS OR INDUSTRY: Electrical

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2975 Bisbee 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Caldock Williams

17 MOTHER—Maiden Name first middle last: ERICKSON Florence

18 INFORMANT—NAME and relationship to deceased: VA Medical Center records

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Lenard D. Low

20b NAME AND ADDRESS OF FACILITY: Wards Funeral Home Klamath Falls, Oregon

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

21a [Signature]: M. Hobart MD

21b DATE SIGNED [Mo., Day, Yr.]: August 3, 1981

21c HOUR OF DEATH: 11:05 A.M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: THOMAS M. HOBART, D.O., VA Medical Center, Roseburg, OR 97470

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: August 6, 1981

22b REGISTRAR [Signature]: Mona Fitch

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

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

PART I
(a) Metastatic carcinoma, primary site, prostate — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Bowel obstruction — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No): NO

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Ref Law Kepley
2975 Bisbee
City

HS-2 Rev-1-90

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

STATE OF OREGON
COUNTY OF DOUGLAS

This certifies that the foregoing is a correct and complete transcript of a record on file with the Douglas County Health Department.

Frank Beitz
Assistant Administrator
Douglas County Health Department
Registrar of Vital Statistics

By Mona Fitch
Deputy

Date August 6, 1981

SEAL

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF DOUGLAS COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 19 day of January A.D., 1982 at 11:03 o'clock A M., and duly recorded in Vol M 82 of Deeds on page 764.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McGuire Deputy