ON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vol M82 Page 1935

Vital Records Unit

9182

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: Gerald; Middle: D.; Last: Holliday
2. DATE OF DEATH (month, day, year): January 1, 1982
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 45
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min
6. DATE OF BIRTH (month, day, year): June 13, 1936
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in USA, name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Shirley A. Holliday
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 543-34-4433
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
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., ZIP: X 5707 Denver St. 97601
15e. Inside City Limits (specify yes or no): No
16. FATHER—NAME first middle last: O.J. Holliday
17. MOTHER—Maiden Name first middle last: Mabel Deyoe
18. INFORMANT—NAME and relationship to deceased: Shirley A. Holliday, Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
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]: Mike Glass
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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]: Kenneth K. Magee
21b. DATE SIGNED [Mo., Day, Yr.]: 1-4-82
21c. HOUR OF DEATH: 5:20 P. M
21d. NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:
22a. DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 5 1982
22b. REGISTRAR [Signature]: Edwardine Frances

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

CAUSE OF DEATH

23. IMMEDIATE CAUSE

PART I (a) Cardiac Arrest [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Prior Cardiac Arrest — Interval between onset and death: 24 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) Probable Ventricular Fibrillation - ekg's unknown — Interval between onset and death: about 24 hrs

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

24. ACCIDENT (Specify Yes or No)	25. DATE OF INJURY (Mo., Day, Yr.)	26. HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	27. AUTOPSY (Specify Yes or No)	28. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a.	26b.	26c. M	26d.	24 No	25 No

26e. INJURY AT WORK (Specify Yes or 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

HS-2 (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 Edwardine Frances, Deputy Registrar

Date JAN 6 1982

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 16 day of Feb. A.D., 1982 at 9:56 o'clock A M, and duly recorded in Vol M 82, of Deeds on page 1935.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McClure Deputy