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48

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

Volume Page 1955

CERTIFICATE OF DEATH
ORS – 146

Local File Number

State File Number

1 DECEASED—NAME	FIRST: WILBUR	MIDDLE: FLOYD	LAST: HARTLEY	2 DATE OF DEATH (MONTH, DAY, YEAR)	February 3, 1982
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 47	UNDER 1 YEAR: 5B MOS. / DAYS; UNDER 1 DAY: HOURS / MIN. 5C	6 DATE OF BIRTH (MONTH, DAY, YEAR): March 2, 1934
7A CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)	West Medical Cent.	7C IF HOSP., OR INSTITUTION, INDICATE DOA, OPD, EMER. OR INPATIENT (SPECIFY)	Emer. Room
7D COUNTY OF DEATH	Klamath				
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Montana	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Dorothy	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes		
13 SOCIAL SECURITY NUMBER	543 - 36 - 1119	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Hod Carrier	14B KIND OF BUSINESS OR INDUSTRY	General Contracting
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls
15D STREET AND NUMBER OR R.F.D.	5540 Shasta Way	15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	No		
16 FATHER—NAME FIRST MIDDLE LAST	Howard B. Hartley	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST	Laverne O'Neill	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED	Dorothy Hartley / Wife
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	[signature]	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)	12:51 A M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	Feb. 3, 1982 / 12:51 A M.
21C FROM:	NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐		
21D CERTIFIER — SIGNATURE	[signature]	21E NAME (TYPE OR PRINT) DEGREE OR TITLE	Michael Cummings, MD
21F MEDICAL EXAMINER FOR:	KLAMATH COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR)	2/4/82
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	FEB 5 1982	22B REGISTRAR (SIGNATURE)	Claudia Francis

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))

PART I (A)	Massive Brain Destruction	INTERVAL BETWEEN ONSET AND DEATH
(B) DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
(C) DUE TO, OR AS A CONSEQUENCE OF:		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

25A DATE OF INJURY (MONTH, DAY, YEAR)	Feb. 2, 1982	25B HOUR	10:00M P
25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	Self inflicted gunshot wound to the head .38cal Pistol		
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)	5540 Shasta Way/Klamath Falls/Klamath/Oregon		

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

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 Claudia Francis, Deputy Registrar

Date FEB 8 1982

VOID IF ALTERED

(SEAL)

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., 19 82 at 11:13 o'clock A M., and duly recorded in Vol M 82, of Deeds on page 1955.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy