

11344

CERTIFICATE OF DEATH

Vital Records Unit

M82 Page

5335

TYPE  
IN PLAIN  
OR  
REPRODUCED  
BLACK  
INK  
FOR  
TRANSMISSION  
SEE  
BOOK

IDENTITY  
DEATH  
CERTIFICATE  
HANDBOOK  
GIVING  
EXPLANATION  
OF  
ITEMS

OPTION

WITNESSES

NOTATIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
AT THE TIME  
OF DEATH  
USE LAST

USE OF  
DEATH

OK  
501

Local File Number 137		State File Number 5335	
DECEASED - NAME First Middle Last JACK R. WILSON		DATE OF DEATH (month, day, year) April 25, 1982	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE - Last birthday (years) 60
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		DATE OF BIRTH (month, day, year) June 29, 1921	
HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) West Medical Center		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A., name country) Nebraska		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 508-03-5549		SPOUSE (If married, widowed) Elizabeth Davis Wilson	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Machinist		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
RESIDENCE - STATE Oregon		KIND OF BUSINESS OR INDUSTRY Tool & Die Manufacturing	
COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 4617 Alt Court 97601	Inside City Limits (specify Yes or No) No
FATHER - NAME first middle last John Hall Wilson		MOTHER - NAME first middle last Nellie - Chaddock	
BURIAL, CREMATION, REMOVAL, BURIAL (specify) Cremation		CEMETERY OR CREMATORY NAME Eternal Hills Crematory	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) William L. [Signature]		NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
To be completed by CERTIFYING PHYSICIAN Only 21a NAME AND ADDRESS OF CERTIFIER (Type or Print) George B. Peden, MD, 2850 Daggett Street, Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 4-26-82	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		HOUR OF DEATH 1:51 A.M.	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 26 1982		REGISTRAR [Signature]	
22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Acute Myocardial Infarction		Interval between onset and death Instantaneous	
(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)		AUTOPSY (Specify Yes or No) No	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No			
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr.) M 26d	
HOUR OF INJURY M 26c		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26e	
LOCATION 26f		STREET OR R.F.D. NO. CITY OR TOWN STATE 26g	
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature], Deputy Registrar

Date APR 26 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 30 day of April A.D., 1982 at 11:59 o'clock A.M. and duly recorded in Vol M 82, of Deeds on page 5335

EVELYN BIEHN COUNTY CLERK  
by [Signature] Deputy

FEE \$ 4.00

02 APR 30 PM 11 59