12159

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

Vol. M82 Page 6650

181
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First CLYDE; Middle A.; Last WARNER

2 DATE OF DEATH (month, day, year): May 21, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 70

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 12, 1912

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

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

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Edna M. Warner

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

13 SOCIAL SECURITY NUMBER: 566-10-9462

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Operatoring Engineer

14b KIND OF BUSINESS OR INDUSTRY: Construction

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1239 Summers Lane 97601

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

16 FATHER—NAME first middle last: Matt L. Warner

17 MOTHER—Maiden Name first middle last: Carolyn - Winemiller

18 INFORMANT—NAME and relationship to deceased: John E. Warner, Brother

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b 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

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

21a [Signature]: Bryan J. Stuart

21b DATE SIGNED [Mo., Day, Yr.]: 5/21/82

21c HOUR OF DEATH: 9:56 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Bryan J. Stuart, MD, 2600 Clairmont, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 2 4 1982

22b REGISTRAR [Signature]: Charlie Francis

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

PART I
(a) CARDIO PULMONARY ARREST
DUE TO, OR AS A CONSEQUENCE OF:
(b) MYOCARDIAL INFARCT.
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)

Interval between onset and death

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

25a INJURY AT WORK [Specify Yes or No]:

26d DESCRIBE HOW INJURY occurred

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

Ret Edna Warner
PO Box 7428
K. Falls. Or.

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 Charlie Francis, Deputy Registrar

Date MAY 2 4 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 27 day of May A.D., 19 82 at 9:48 o'clock A M and duly recorded in Vol M 82, of Deeds on page 6650

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK

by Joyce McClure Deputy