

CERTIFICATE OF DEATH

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12361

Vital Records Unit

Local File Number 224		State File Number	
DECEASED—NAME First Middle Last Philip Eugene Dudding			DATE OF DEATH (month, day, year) 2 June 20, 1982
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Male	3 AGE—Last birthday (years) 40	4 DATE OF BIRTH (month, day, year) December 20, 1941
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center	7 IF HOSP. OR INST. Indicate DOA, Emer., Am., Inpatient (Specify) Emer. Room	8 COUNTY OF DEATH Klamath
9 STATE OF BIRTH (If not in U.S.A., name country) Kansas	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) Vivian Dudding
13 SOCIAL SECURITY NUMBER 541-42-2625	14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Truck Driver	15 KIND OF BUSINESS OR INDUSTRY Produce Transportation	
16 RESIDENCE—STATE Oregon	17 COUNTY Klamath	18 CITY, TOWN, OR LOCATION Klamath Falls	19 STREET AND NUMBER OR R.F.D., ZIP 538 Jennie Drive 97634
20 FATHER—NAME first middle last Orville Forrest Dudding		21 MOTHER—Maiden Name first middle last Bessie R. Brown	
22 BURIAL, CREMATION, REMOVAL, MAINT. (specify) Burial		23 CEMETERY OR CREMATORY—NAME Klamath Memorial Park	
24 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Mike O'Hair		25 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601	
26 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 27a (Signature) 27b (Type or Print) Everett E. Howard M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601		28 DATE SIGNED (Mo., Day, Yr.) 6-21-82	
29 NAME AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601		30 HOUR OF DEATH 7:34 P.	
31 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUN 22 1982		32 REGISTRAR (Signature) Claudia Francis	
33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) ACUTE ANTERIOR INFARCTION, CARDIOGENIC SHOCK		34 Interval between onset and death 2 hours	
35 DUE TO, OR AS A CONSEQUENCE OF: (b)		36 Interval between onset and death	
37 DUE TO, OR AS A CONSEQUENCE OF: (c)		38 Interval between onset and death	
39 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		40 AUTOPSY (Specify Yes or No) No	
41 ACCIDENT (Specify Yes or No)		42 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
43 INJURY AT WORK (Specify Yes or No)	44 DATE OF INJURY (Mo., Day, Yr.)	45 HOUR OF INJURY	46 DESCRIBE HOW INJURY OCCURRED
47 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	48 LOCATION	49 STREET OR R.F.D. NO.	50 CITY OR TOWN
51 STATE	52 RESERVED FOR REGISTRAR'S USE		

Kathleen Weber - VA

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 Claudia Francis, Deputy Registrar
Date JUN 22 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

22 day of June A.D., 1982 at 2:36 o'clock P.M., and duly recorded in

Vol M82, of Deeds on page 7949.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce McArthur Deputy

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