of Oregon
ON STATE HEALTH DIVISION
rtment of Human Resources

MTC 11553

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 10461

14539

358

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

1 DECEASED—NAME	First: EVELYN	Middle: --	Last: WILCHER	2 DATE OF DEATH (month, day, year)	September 11, 1981
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX	Female	5a AGE—Last birthday (years)	72
				5b Under 1 year: mos / days	
				5c Under 1 day: hours / min.	
6 DATE OF BIRTH (month, day, year)	November 8, 1908				
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]	Inpatient
7d COUNTY OF DEATH	Klamath				
8 STATE OF BIRTH (If not in U.S.A., name country)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	Edgar	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]	No		
13 SOCIAL SECURITY NUMBER	544 - 07 - 4455	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Box Factory - Retired	14b KIND OF BUSINESS OR INDUSTRY	Weyerhauser Timber Company
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	5427 Walton Drive 97601	15e Inside City Limits (specify yes or no)	No		
16 FATHER—NAME first middle last	Sam McClung	17 MOTHER—Maiden Name first middle last	Sophie Nelson	18 INFORMANT—NAME and relationship to deceased	Eddie Wilcher - Son
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify)	Burial	19b CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens	19c LOCATION city or town / state	Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]	[signature]	20b NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Ore. - 97601		

POSITION

1. _____
2. _____
3. _____

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] [signature] MD — DATE SIGNED (Mo., Day, Yr.) 21b 9/14/81 — HOUR OF DEATH 21c 5:30 PM

NAME AND ADDRESS OF CERTIFIER [Type or Print]: David C. Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: SEP 15 1981

REGISTRAR 22b [Signature]: Claudia Francis

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

4.	PART I (a) IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	METASTATIC	RECTAL CANCINOMA — Interval between onset and death: 4 yrs.
5.	DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
6.	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)

24 AUTOPSY [Specify Yes or No]: No

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

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
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

AFTER RECORDING RETURN TO:
MOUNTAIN TITLE CO. INC.
407 Main Street
Klamath Falls, Oregon 97601

Ret - MTC

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 SEP 16 1981

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

1982 AUG 12 PM 3 36

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 12 day of August A.D., 1982 at 3:36 o'clock P M., and duly recorded in Vol M 82, of Deeds on page 10461

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By [signature] deputy