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

Vol. M83 Page 4119

CERTIFICATE OF DEATH
ORS – 146

TYPE OR PRINT IN PERMANENT BLACK INK

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: FIRST Walter; MIDDLE Alton; LAST WOODARD

2 DATE OF DEATH (MONTH, DAY, YEAR): June 14, 1982

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White

4 SEX: Male

5A AGE - LAST BIRTHDAY (YEARS): 68

5B UNDER 1 YEAR: MOS. / DAYS

5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): March 12, 1914

7A CITY, TOWN, OR LOCATION OF DEATH: Eugene

7B HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET & NO.): Sacred Heart Hosp.

7C IF HOSP. OR INST., INDICATE DOA, OPIEMER, RRM., INPATIENT (SPECIFY): Inpatient

7D COUNTY OF DEATH: LANE

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): Married

11 SPOUSE (IF MARRIED, WIDOWED): Mary E.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

13 SOCIAL SECURITY NUMBER: 544-03-4318

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Self Employed

14B KIND OF BUSINESS OR INDUSTRY: Logging

15A RESIDENCE - STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D.: 5911 Harlan Dr.

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

16 FATHER - NAME FIRST MIDDLE LAST: Walter Ambrose Woodard

17 MOTHER MAIDEN NAME FIRST MIDDLE LAST: Helen - Foster

18 INFORMANT NAME AND RELATIONSHIP TO DECEASED: Mary E. Woodard - Wife

DISPOSITION

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B CEMETERY OR CREMATORY NAME: Poole-Larsen Crematorium

19C LOCATION - CITY OR TOWN, STATE: Eugene, Oregon

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE: Eddie L. Brue

20B NAME AND ADDRESS OF FACILITY: Poole-Larsen 1100 Charnelton Eugene, Oregon 97401

CERTIFIER

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): 6:00 A.M.

21B THE DECEDENT WAS PRONOUNCED DEAD — MONTH: June; DAY: 14; YEAR: 1982; HOUR: 0610

21C FROM: NATURAL CAUSES [X]; ACCIDENT [ ]; SUICIDE [ ]; HOMICIDE [ ]; UNDETERMINED [ ]; PENDING [ ]

21D CERTIFIER — SIGNATURE: Edward F Wilson

NAME (TYPE OR PRINT): Edward F Wilson, M.D.

DEGREE OR TITLE

MEDICAL EXAMINER FOR: LANE COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): 22 June 1982

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): June 22, 1982

22B REGISTRAR (SIGNATURE): Marjorie McKinney, Deputy

CAUSE OF DEATH

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.)

23 IMMEDIATE CAUSE (A): Coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF: (B)

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

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR): None

25B HOUR

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

HS-107 REV. 1-80

STATE OF OREGON, COUNTY OF LANE

Date June 22, 1982

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE OREGON STATE HEALTH DIVISION.

Molatore, Holmes & Preston
824 Pine
K Falls.

David L. White MD
Registrar of Vital Statistics
By Marjorie McKinney, Deputy

CR 409

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

STATE OF OREGON: COUNTY OF KLAMATH :ss
I hereby certify that the within instrument was received and filed for record on the 17th day of March A.D., 19 33 at 1:24 o'clock P M, and duly recorded in Vol M83, of Deeds on page 4119.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK
by Beatrice A Letsch Deputy