

21890

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

Vol. M83 4710

Local File Number 92		State File Number	
DECEASED—NAME ANTHONY J. WILKERSON		DATE OF DEATH (MONTH, DAY, YEAR) March 20, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE—LAST BIRTHDAY (YEARS) 50	DATE OF BIRTH (MONTH, DAY, YEAR) January 31, 1933
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) West Medical Center	COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Kentucky	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Ann C. Wilkerson
SOCIAL SECURITY NUMBER 406-48-1608	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Maintenance - Park Service	KIND OF BUSINESS OR INDUSTRY Dept of Interior	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 3743 Summers Lane 97601
FATHER—NAME FIRST MIDDLE LAST Thomas Oakley Wilkerson	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eva - Rollins	INFORMANT—NAME AND RELATIONSHIP TO DECEASED Ann C. Wilkerson, wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Cremation	CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	LOCATION—CITY OR TOWN STATE Klamath Falls, Oregon 97601	
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE <i>William F. Davenport</i>			
NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601			
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:			
DEATH OCCURRED (HOUR) 20:25	THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR) March 20, 1983	FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE <i>George R. Nicholson</i>		NAME (TYPE OR PRINT) George R. Nicholson, MD	
MEDICAL EXAMINER FOR: Klamath		DATE SIGNED (MONTH, DAY, YEAR) MAR 23 1983	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) MAR 23 1983		REGISTRAR (SIGNATURE) <i>Gladia F...</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) Acute Anterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH run hr.	
(B) Occlusion left anterior descending coronary		INTERVAL BETWEEN ONSET AND DEATH	
(C) Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH mos - yrs.	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
AUTOPSY (SPECIFY YES OR NO) Yes			
DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
INJ. AT WORK (SPECIFY YES OR NO) No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25E	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL—VITAL STATISTICS COPY

HS-107 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 *Gladia F...*, Deputy Registrar

Date MAR 28 1983

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 30th day of March A.D., 19 83 at 11:13 o'clock A M, and duly recorded in Vol M83, of Deeds on page 4710

EVELYN BIEHN COUNTY CLERK

by *Lee Lewis* Deputy

Fee \$ 4.00