

21991

CERTIFICATE OF DEATH

Vol. M83 Page 4872

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SEE
HANDBOOK

Vital Records Unit

IDENT
DEATH
CERTIFIED IN
INSTRUMENT
HANDBOOK
FURNISHING
CERTIFICATION OF
DEATH ITEMS.

SIGNATURE

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Local File Number 84		State File Number	
DECEASED—NAME First Middle Last WARREN JEFFERSON WELLS		DATE OF DEATH (month, day, year) March 10, 1983	
1 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) December 22, 1914		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	
8 STATE OF BIRTH (if not in U.S., include country) Arkansas		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Nina Wells	
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No		13 SOCIAL SECURITY NUMBER 429-14-6837	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Ranch Hand		14b KIND OF BUSINESS OR INDUSTRY Farming - Agriculture	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Malin	15d STREET AND NUMBER OR R.F.D., ZIP PO Box 152 97732
15e Inside City Limits (specify yes or no) Yes		16 FATHER—NAME first middle last William Wells	
17 MOTHER—Maiden Name first middle last Fannie E. Bailey		18 INFORMANT—NAME and relationship to deceased Nina Wells- Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		19b CEMETERY OR CREMATORY—NAME Malin Cemetery	
19c LOCATION city or town state Klamath Falls, Oregon		20a NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon	
20b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Kenneth K. Magee		20c DATE SIGNED (Mo., Day, Yr.) 3-11-83	
20d NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, MD 905 Main St./Suite 409 Klamath Falls, Ore.		20e HOUR OF DEATH 2:35 P.M.	
21a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 15 1983		21b REGISTRAR Claudia L. Lewis	
22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Respiratory arrest		Interval between onset and death minutes	
23 DUE TO, OR AS A CONSEQUENCE OF: massive Cerebral Hemorrhage		Interval between onset and death 6 days	
24 DUE TO, OR AS A CONSEQUENCE OF: Aneurysm of vertebral basilar system		Interval between onset and death many years	
25 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) No		26 AUTOPSY (Specify Yes or No) No	
27 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No		28 ACCIDENT (Specify Yes or No) No	
29 DATE OF INJURY (Mo., Day, Yr.) No		30 HOUR OF INJURY No	
31 DESCRIBE HOW INJURY OCCURRED No		32 INJURY AT WORK (Specify Yes or No) No	
33 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		34 LOCATION No	
35 STREET OR R.F.D. NO. No		36 CITY OR TOWN No	
37 STATE No		38 RESERVED FOR REGISTRAR'S USE	

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 L. Lewis, Deputy Registrar
Date MAR 16 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 4 day of April A.D., 1983 at 8:35 o'clock A M, and duly recorded in Vol. M83, of Deeds on page 4872

EVELYN BIEHN COUNTY CLERK

by Jane Lewis Deputy

Fee \$ 4.00