TR 8-26548-9

27599 62 Local File Number

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

CERTIFICATE OF DEATH
ORS – 146

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State File Number

1 DECEASED—NAME: FIRST Walter	MIDDLE Z.	LAST Warmee		2 DATE OF DEATH (MONTH, DAY, YEAR): February 14, 1983	
3 RACE: White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 39	5B UNDER 1 YEAR: MOS. / DAYS	5C UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): September 8, 1943
7A CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Merle West Medical Cente	7C IF HOSP. OR INST., INDICATE DOA, IN-PATIENT, EMER. RM., OR OFFICE (SPECIFY): Emer. Rm.	7D COUNTY OF DEATH: Klamath		
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Mary J. Warmee	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No	
13 SOCIAL SECURITY NUMBER: 571-60-0757	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Owner: Economy Towing	14B KIND OF BUSINESS OR INDUSTRY: Automobile Towing			
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 704 Hillside St.	15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	
16 FATHER—NAME FIRST MIDDLE LAST: Clyde Allan Warmee	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Bette Louise McCracken	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Mary J. Warmee, Wife			
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial	19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens	19C LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon			
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]	20B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Oreg				

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)	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR)	21C FROM:			
Approx. 4:00 P. M.	Feb. 14, 1983 6:49 P. M.	NATURAL CAUSES ☐	ACCIDENT ☐	SUICIDE ☐	
		HOMICIDE ☐	UNDETERMINED ☐	PENDING ☐	

21D CERTIFIER—SIGNATURE	21E NAME (TYPE OR PRINT) / DEGREE OR TITLE	
[signature]	George R. Nicholson M.D.	
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR): FEB 17 1983	
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): FEB 17 1983	22B REGISTRAR (SIGNATURE): [signature]	

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B), AND (C.))	INTERVAL BETWEEN ONSET AND DEATH
PART I (a) Crushing Injuries of Chest	
DUE TO, OR AS A CONSEQUENCE OF: (b)	
DUE TO, OR AS A CONSEQUENCE OF: (c)	
PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)
Feb. 14, 1983	4:00 P.M.	Victim was working under an automobile: Jack slipped and car fell on
25D INJ. AT WORK (SPECIFY YES OR NO): Yes	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Babcock's Garage	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 3515 Washburn Way, Klamath Falls, Klamath, Or

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

ORIGINAL—VITAL STATISTICS COPY

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

(SEAL)

By [signature], Deputy Registrar
Date FEB 18 1983
VOID IF ALTERED

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

After recording return to:
Mrs. Mary Warmee
1435 & 474
Klamath Falls, Or. 97601

I hereby certify that the within instrument was received and filed for record on the 30 day of August A.D., 1983 at 3:44 o'clock P M and duly recorded in Vol M 83, of Deeds on page 14664

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy

FEE $4.00