State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 18487

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 382 29904 — State File Number:

DECEDENT

1 DECEASED—NAME: First: WILLIAM; Middle: LAWRENCE; Last: WELSH

2 DATE OF DEATH (month, day, year): October 20, 1983

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): July 18, 1915

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): Illinois

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Emmy (Dauth)

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 720-14-3622

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Engineer - Retired

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2612 Berkeley 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: William Leo Welsh

17 MOTHER—Maiden Name first middle last: Hilma Kern

18 INFORMANT—NAME and relationship to deceased: Emmy Welsh - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: Ward's - 1945 Main St. - Klamath Falls, Ore.

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]: Everett E. Howard

21b DATE SIGNED [Mo., Day, Yr.]: Oct. 24, 1983

21c HOUR OF DEATH: 5:35 P.M.

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Everett E. Howard, MD 2622 Campus Dr. Klamath Falls, Oregon

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 24 1983

22b REGISTRAR [Signature]: Rachelmi E Smith

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (a) ACUTE MYOCARDIAL INFARCTION — Interval between onset and death: MINUTES

DUE TO, OR AS A CONSEQUENCE OF:

(b) OLD MYOCARDIAL INFARCTIONS — Interval between onset and death: 1978

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)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No			No	No

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26d DESCRIBE HOW INJURY OCCURRED	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Rachelmi E Smith, Deputy Registrar

Date VOID IF ALTERED OCT 24 1983

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 26th day of October A.D., 1983 at 1:33 o'clock PM, and duly recorded in Vol M83, of Deeds on page 18487.

FEE $4.00

EVELYN BIEHN, COUNTY CLERK

by Pam Smith, deputy