32256

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

373
Local File Number

CERTIFICATE OF DEATH

Vol. M84 Page 277
State File Number

1 DECEASED—NAME: FIRST WILLIAM	MIDDLE EDMOND	LAST DWYER			2 DATE OF DEATH (MONTH, DAY, YEAR): October 8, 1978
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY): White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 73	UNDER 1 YEAR: MOS. / UNDER 1 DAY: DAYS / HOURS / MIN.		6 DATE OF BIRTH (MONTH, DAY, YEAR): October 8, 1905
7A COUNTY OF DEATH: Klamath	7B CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 442 Michigan Avenue		7D IF HOSP., OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY): Home
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Nebraska	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Helen H. Dwyer		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13 SOCIAL SECURITY NUMBER: 503 - 18 - 7719 - A	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Machinist - Retired		14B KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Timber Co.		
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 442 Michigan Avenue		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
16 FATHER—NAME FIRST MIDDLE LAST: Edmond A. Dwyer	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Lillian - Whitney		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Helen H. Dwyer (Wife)		
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial-Removal	19B CEMETERY OR CREMATORY—NAME: Mason Funeral Home		19C LOCATION CITY OR TOWN / STATE: Winner, South Dakota		
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE	20B NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 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:

21A DEATH OCCURRED (HOUR): About 7:00 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): Oct. 8 1978 8:30 P.M.	FROM: NATURAL CAUSES ☐	ACCIDENT ☒ SUICIDE ☐
21D CERTIFIER — SIGNATURE: George R. Nicholson M.D.		HOMICIDE ☐	UNDETERMINED ☐ PENDING ☐
21F MEDICAL EXAMINER FOR: Klamath COUNTY		21E NAME—(TYPE OR PRINT): George R. Nicholson, M.D. DEGREE OR TITLE	
22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): October 13, 1978	22B REGISTRAR (SIGNATURE): Marian Ackerman	21G DATE SIGNED (MONTH, DAY, YEAR): October 12, 1978	

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

PART I
(a) Partial Destruction of Brain — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Gun shot wound — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Accident — 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:

25A DATE OF INJURY (MONTH, DAY, YEAR): Oct. 8, 1978	25B HOUR: About 7:00PM	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Self inflicted gunshot wound of head	24 AUTOPSY (SPECIFY YES OR NO): No
25D INJ. AT WORK (SPECIFY YES OR NO): No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Home	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 442 Michigan Ave., Klamath Falls, Klamath, Oregon 97601	

RESERVED FOR REGISTRAR'S USE

RETURN TO CERTIFIED MTO 8826 KLA AV

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 Marian Ackerman Deputy Registrar
Date OCT 16 1978

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 5th day of Jan A.D., 1984 at 3:45 o'clock P M, and duly recorded in Vol M84, of Deeds on page 277.

EVELYN BIEHN, COUNTY CLERK
by Lynn Smith Deputy

Fee $ 4.00