

Vital Records Unit

33615

353

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME First Middle Last WILLIAM CLARK BRAY			DATE OF DEATH (month, day, year) 2 September 28, 1983		
1 RACE White, Black, American Indian, etc. (specify) White		SEX 4 Male	AGE—Last birthday (years) 5a 55		Under 1 year 5b none days
3 CITY, TOWN, OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b West Medical Center		IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7c Inpatient	DATE OF BIRTH (month, day, year) 6 October 21, 1927
7d Klamath		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Else Anna Bray
8 STATE OF BIRTH (if not in U.S.A., name country) Oregon		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes		SOCIAL SECURITY NUMBER 13 559 - 32 - 2715	
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Janitor		14b KIND OF BUSINESS OR INDUSTRY Hospital		RESIDENCE—STATE 15a Oregon	
15b Klamath		CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 4702 Memorie Lane	Inside City Limits (specify yes or no) 15e No	
16 FATHER—NAME first middle last Joe Bray		17 MOTHER—Maiden Name first middle last Hazel M. Dehn		18 INFORMANT—NAME and relationship to deceased Else Bray / 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) <i>James F. Novak</i>		20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon - 97601			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) <i>James F. Novak MD</i>		21b DATE SIGNED (Mo., Day, Yr.) 10/3/83	21c HOUR OF DEATH 1:15 a M		
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) James F. Novak, MD / 1905 Main Street - Klamath Falls, Oregon - 97601		21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 03 1983		22b REGISTRAR (Signature) <i>Marion Ackerman</i>			
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					Interval between onset and death
PART I (a) <i>Cardiorespiratory Arrest</i>					4/min
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <i>Metastatic squamous cell carcinoma of the Lung.</i>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY [Specify Yes or No] 24 No
					WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25 No
4. ACCIDENT [Specify Yes or No] 26a NO		DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED M 26d	
5. INJURY AT WORK [Specify Yes or No] 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g	
RESERVED FOR REGISTRAR'S USE					

PRECEDENT
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS.
POSITION
1.
2.
3.
CERTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE OF DEATH

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 *Marion Ackerman* Deputy Registrar

Date OCT 04 1983

VOID IF ALTERED

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

Return to: Else Bray-4702 Memorie Lane, Klamath Falls, OR 97603

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 16th day of February A.D., 1984 at 2:15 o'clock P.M. and duly recorded in Vol M84, of Deeds on page 2485.

EVELYN BIEHN, COUNTY CLERK

Fee \$ 4.00

by *Patricia Smith* Deputy