

37617

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

Vol. m84 Page 9785

Local File Number

## CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 OLIVER		NEWELL		HALEY		2 June 3, 1984			
3 RACE White, Black, American Indian, etc. (Specify)		4 SEX		5a AGE—Last birthday (years)		5b Under 1 year		6 DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 83		5b Under 1 year		6 March 21, 1901	
7a CITY, TOWN OR LOCATION OF DEATH		7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7c IF HOSP OR INST. Indicate DOA, OP, Emer., Inpatient (Specify)		7d COUNTY OF DEATH			
7a Klamath Falls		7b Merle West Medical Center		7c Inpatient		7d Klamath			
8 STATE OF BIRTH (If not in U.S.A. name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11 SPOUSE (If married, widowed)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Montana		9 U.S.A.		10 Married		11 Alyce		12 NO	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b KIND OF BUSINESS OR INDUSTRY					
13 544 - 42 - 9830		14a Self Employed - Retired		14b Farming					
15a RESIDENCE—STATE		15b COUNTY		15c CITY, TOWN, OR LOCATION		15d STREET AND NUMBER OR R.F.D., ZIP		15e Inside City Limits (Specify Yes or No)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 3937 Barry 97603		15e NO	
16 FATHER—NAME first middle last		17 MOTHER—first middle last (Maiden Name)		18 INFORMANT—NAME and relationship to deceased					
16 Thomas Haley		17 Nellie Wood		18 Alyce Haley - Wife					
19a BURIAL, CREMATION, REMOVAL, etc. (Specify)		19b CEMETERY OR CREMATORY—NAME		19c LOCATION city or town state					
19a Burial		19b Mt. Laki Cemetery		19c Klamath Falls, Oregon					
20a FURNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		20b NAME AND ADDRESS OF FACILITY		20c DATE SIGNED (Mo., Day, Yr.)		20d HOUR OF DEATH			
20a <i>James R. Boyd</i>		20b WARD'S - 1945 Main - Klamath Falls, Oregon - 97601		20c June 5, 1984		20d 1:43 p M			
21a NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21a Richard F. Kay, MD / 1905 Main / Klamath Falls, Oregon / 97601		21b							
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b REGISTRAR (Signature)							
22a JUN 6 1984		22b <i>James E. Crank</i>							
23 IMMEDIATE CAUSE		23a (a) DUE TO, OR AS A CONSEQUENCE OF:		23b (b) DUE TO, OR AS A CONSEQUENCE OF:		23c (c) DUE TO, OR AS A CONSEQUENCE OF:			
23a <i>respiratory arrest with associated electromechanical dissociation of heart</i>		23b <i>Mitral Valve Insufficiency &amp; Congestive Heart Failure</i>		23c					
24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24a AUTOPSY (Specify Yes or No)		24b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 <i>Liver failure, Chronic Renal Failure</i>		24a NO		24b NO					
25 ACCIDENT (Specify Yes or No)		25a DATE OF INJURY (Mo., Day, Yr.)		25b HOUR OF INJURY		25c DESCRIBE HOW INJURY OCCURRED			
25 NO		25a		25b		25c			
26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26c LOCATION		26d STREET OR R.F.D. NO		26e CITY OR TOWN STATE	
26a		26b		26c		26d		26e	
26a		26b		26c		26d		26e	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 *James E. Crank*, Deputy Registrar

Date JUN 7 1984

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 11th day of June A.D., 1984 at 2:42 o'clock P M, and duly recorded in Vol m84 of Deeds on page 9785.

EVELYN BIEHN, COUNTY CLERK

by: *James E. Crank*, Deputy

Fee: \$4.00

Return: Alyce Haley 3937 Barry, Klamath Falls, Oregon 97603