38735

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

Vol. M84 Page 11762

CERTIFICATE OF DEATH
ORS – 146

274 Local File Number

State File Number

1 DECEASED—NAME	First: William	Middle: Luther	Last: Nolen Sr.			2 DATE OF DEATH (MONTH, DAY, YEAR)	July 3, 1984
3 RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	White	4 SEX	Male	5A AGE—LAST BIRTHDAY (YEARS)	65	6 DATE OF BIRTH (MONTH, DAY, YEAR)	January 9, 1919
7A CITY, TOWN, OR LOCATION OF DEATH	Chemult	7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN HOSPITAL, GIVE STREET & NO.)	W. Fire Sta. Rd. #70 1 Mi. So. Hwy. 38	7C IF HOSP. OR INST., INDICATE DOA (EMERG., OPTEMER., INPATIENT) (SPECIFY)	—	7D COUNTY OF DEATH	Klamath
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Oregon	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	11 SPOUSE (IF MARRIED, WIDOWED)	Lucy Dot Nolen
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	Yes						
13 SOCIAL SECURITY NUMBER	543-07-3145	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Superintendant Motor Pool	14B KIND OF BUSINESS OR INDUSTRY	Auto & Truck Mechanic		
15A RESIDENCE—STATE	Oregon	15B COUNTY	Klamath	15C CITY, TOWN, OR LOCATION	Klamath Falls	15D STREET AND NUMBER OR R.F.D. ZIP 97603	3911 Grenada Way
15E INSIDE CITY LIMITS (SPECIFY YES OR NO)	No						
16 FATHER—NAME FIRST MIDDLE LAST	William Luther Nolen	17 MOTHER FIRST MIDDLE LAST (MAIDEN NAME)	Beulah Gentry Gardner	18 INFORMANT NAME AND RELATIONSHIP TO DECEASED	Lucy Dot Nolen, Wife		
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)	Burial	19B CEMETERY OR CREMATORY—NAME	Klamath Memorial Park	19C LOCATION—CITY OR TOWN STATE	Klamath Falls, Oregon		
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE	Mike Oha	20B NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.				

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)	1:55 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)	July 3, 1984 3:30 P.M.	FROM: NATURAL CAUSES [X]	ACCIDENT [ ]	SUICIDE [ ]	
				HOMICIDE [ ]	UNDETERMINED [ ]	PENDING [ ]	
21D CERTIFIER — SIGNATURE	Raymond Thabet, MD	21C NAME — (TYPE OR PRINT)	Raymond Thabet, M.D.	DEGREE OR TITLE			
MEDICAL EXAMINER FOR	Klamath COUNTY	21E DATE SIGNED (MONTH, DAY, YEAR)	July 5, 1984				
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)	JUL 5 1984	22B REGISTRAR (SIGNATURE)	Adrienne E Saunders				

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

PART I
(a) Arteriosclerotic Heart Disease — years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — INTERVAL BETWEEN ONSET AND DEATH
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) — 24 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)	
25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

45-107 REV 12-83

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Adrienne E Saunders, Deputy Registrar

Date JUL 6 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 12 day of July A.D., 19 84 at 12:01 o'clock ___ M, and duly recorded in Vol M84 of Deeds on page 11762.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: $ 4.00 Indexing: $1.00

Return: Lucy Nolen - 3911 Grenada Way
KF O