

ON FRONT
IN
BLACK
INK
FOR
FINGERPRINTS
SEE
AND BOOK

DECEASED
IF DEATH
CURVED IN
STITUATION
HANDBOOK
CHANGING
SECTION OF
CEMENT ITEMS

POSITION

RIFTER

CONDITIONS
IF ANY
FISH GAVE
RISE TO
IMMEDIATE
CAUSE
FATING THE
UNDERLYING
CAUSE LAST

USE OF
EATH

Local File Number				State File Number			
DECEASED—NAME First Middle Last 1 Wayne R. Yancey				DATE OF DEATH (month, day, year) 2 July 28, 1982			
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male		AGE—Last birthday (years) 5a 58		Under 1 year 5b mo. 5c days 5d hours 5e min. 6 April 8, 1924	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7b Merle West Medical Center		IF HOSP. OR INST. Indicate DOA, OPEmer., Am., Inpatient (Specify) 7c Inpatient		COUNTY OF DEATH 7d Klamath	
STATE OF BIRTH (if not in U.S., name country) 8 Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Beverly Yancey	
SOCIAL SECURITY NUMBER 12 540-20-0589		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a Self Emp. Excavating Contractor		KIND OF BUSINESS OR INDUSTRY 13b Excavating		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes	
RESIDENCE—STATE 14a Oregon		COUNTY 14b Klamath		CITY, TOWN, OR LOCATION 14c Bonanza		STREET AND NUMBER OR R.F.D., ZIP 14d Rt. 1, Box 124 97623	
FATHER—NAME first middle last 15a Frank Lincoln Yancey		MOTHER—Maiden Name first middle last 15b Edith Bethers		INFORMANT—NAME and relationship to deceased 15c Beverly Yancey, Wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 16a Burial		CEMETERY OR CREMATORY—NAME 16b Eternal Hills Memorial Gardens		LOCATION city or town state 16c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) 17a [Signature]		NAME AND ADDRESS OF FACILITY 17b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or					
To be completed by certifying physician only 18a I certify that the death occurred at the time, date and place and due to the cause(s) stated 18b [Signature] Glenn G. Gailis M.D.		DATE SIGNED (Mo., Day, Yr.) 18c 7/30/82		HOUR OF DEATH 18d 6:30 P.		M	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 19a Glenn G. Gailis M.D., 1905 Main St., Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 19b					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 20a JUL 30 1982		REGISTRAR 20b [Signature] Claudia Francis					
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) CARDIO RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF: (b) METASTATIC PANCREATIC CANCER DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death 21a MINUTES 21b 6 MONTHS					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 22a		AUTOPSY (Specify Yes or No) 22b No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 22c No			
ACCIDENT (Specify Yes or No) 23a		DATE OF INJURY (Mo., Day, Yr.) 23b		HOUR OF INJURY 23c M 23d		DESCRIBE HOW INJURY OCCURRED 23e	
INJURY AT WORK (Specify Yes or No) 24a		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 24b		LOCATION 24c		STREET OR R.F.D. NO CITY OR TOWN STATE 24d	
RESERVED FOR REGISTRAR'S USE							

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date JUL 30 1982

VOID IF ALTERED

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

Return to: Beverly J. Yancey, Rt. 1, Box 124, Bonanza, OR 97623

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 20th day of July A.D., 1984 at 3:13 o'clock P M, and duly recorded in Vol M84, of Deeds on page 12323.

EVELYN BIEHN, COUNTY CLERK

by: Bernetha Schleich, Deputy

Fee: \$ 4.00 & L.00

84 JUL 29 PM 3 13