

39691

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

Vol. M84 Page 13433

3/1

## CERTIFICATE OF DEATH

Local File Number		State File Number	
DECEASED—NAME First Middle Last		DATE OF DEATH (month, day, year)	
1 <b>EMIL B. WELLS</b>		2 <b>July 29, 1984</b>	
RACE (specify) <b>White</b>		DATE OF BIRTH (month, day, year)	
3 <b>White</b>		6 <b>January 12, 1911</b>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
7a <b>Klamath Falls</b>		7d <b>Klamath</b>	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST Indicate DOA, OPEmer, Rm., Inpatient (Specify)	
7b <b>Merle West Medical Center</b>		7c <b>Inpatient</b>	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
9 <b>U.S.A.</b>		10 <b>Married</b>	
SOCIAL SECURITY NUMBER		SPOUSE (IF MARRIED, WIDOWED)	
8 <b>546-18-1020 A</b>		11 <b>Halcyon Wells</b>	
USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
14a <b>Farmer</b>		14b <b>Farming: Hay, Grain, &amp; Cattle</b>	
RESIDENCE—STATE		STREET AND NUMBER OR R.F.D., ZIP	
15a <b>Oregon</b>		15d <b>4700 Gatewood Dr.</b>	
CITY, TOWN, OR LOCATION		15e <b>No</b>	
15b <b>Klamath Falls</b>		15c <b>Klamath Falls, Oregon</b>	
FATHER—NAME first middle last		MOTHER—NAME first middle last (Maiden Name)	
16 <b>LeRoy - Wells</b>		17 <b>Jettie - Bunch</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME	
19a <b>Cremation</b>		19b <b>Klamath Cremation Service</b>	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY	
20a <b>Mike Ma...</b>		20b <b>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)	
21a (Signature) <b>Everett E. Howard</b>		21b <b>7/31/84</b>	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HOUR OF DEATH	
21d <b>Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Oregon 97601</b>		21c <b>7:22 A. M.</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR	
22a <b>JUL 31 1984</b>		22b (Signature) <b>Arthur E. Camacho</b>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
(a) <b>ACUTE MYOCARDIAL INFARCTION</b>		<b>minutes</b>	
(b) <b>OLD INFARCTION</b>		Interval between onset and death	
(c) <b>OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)</b>		Interval between onset and death	
PART II ACCIDENT [Specify Yes or No]		AUTOPSY [Specify Yes or No]	
26a <b>No</b>		24 <b>No</b>	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
26b <b>No</b>		26c <b>No</b>	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]		DESCRIBE HOW INJURY OCCURRED	
26d <b>No</b>		25 <b>No</b>	
INJURY AT WORK [Specify Yes or No]		LOCATION	
26e <b>No</b>		26g <b>No</b>	
STREET OR R.F.D. NO		CITY OR TOWN	
STATE		RESERVED FOR REGISTRAR'S USE	

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 **Arthur E. Camacho** Deputy RegistrarDate **JUL 31 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 3rd. day of August A.D., 1984 at 2:20 o'clock P M, and duly recorded in VolM84 of Deeds on page 13433.

EVELYN BIEHN, COUNTY CLERK

by: **Pam Smith**, DeputyFee: \$ 4.00 Index: \$1.00

Return Halcyon Wells 4700 Glenwood Dr., Klamath Falls, Oregon