

42912

TYPE
PRINT
IN
MAMENT
LACK
INK
FOR
JUNCTIONS
SEE
BOOK

228
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First: WOODROW Middle: WILSON Last: CLARK			DATE OF DEATH (month, day, year) June 9, 1984		
RACE White, Black, American Indian, etc. (specify) White			SEX Male		AGE—Last birthday (years) 71
CITY, TOWN OR LOCATION OF DEATH Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Klamath Co. Nursing Home		DATE OF BIRTH (month, day, year) January 4, 1913
STATE OF BIRTH (if not in U.S.A. name country) Oklahoma		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Divorced	
SOCIAL SECURITY NUMBER 445-18-4341			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Farming - Retired		KIND OF BUSINESS OR INDUSTRY Agriculture
RESIDENCE—STATE Oregon		COUNTY Klamath		CITY, TOWN, OR LOCATION Malin	
FATHER—NAME Henry Clark		MOTHER—NAME Minnie Marie Fidler		INFORMANT—NAME and relationship to deceased Richard Clark - Son	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			CEMETERY OR CREMATORY—NAME Malin Cemetery		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) Jim Lancaster			NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Ore.		
To be completed by CERTIFYING PHYSICIAN Only 21a (Signature) Gerald Hartman, MD NAME AND ADDRESS OF CERTIFIER (Type or Print) 2604 Clover Klamath Falls, Ore.			DATE SIGNED (M, Day, Yr) 6/11/84		HOUR OF DEATH 10:50 A.M.
DATE RECEIVED BY REGISTRAR (M, Day, Yr) JUN 11 1984			REGISTRAR (Signature) Marian Ackerman		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) Probable aspiration				Interval between onset and death minutes	
(b) Parkinson's Disease				Interval between onset and death 20 yrs.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) No		DATE OF INJURY (M, Day, Yr)		HOUR OF INJURY	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
RESERVED FOR REGISTRAR'S USE		DATE OF INJURY		HOUR OF INJURY	

IDENT
EATH
RUB IN
TUTION
KBOOK
VING
TION OF
CE ITEMS

SITION

IFIER

DITIONS
ANY
CH GAVE
SE TO
EDIATE
AUSE
TING THE
ERLYING
SE LAST

SE OF
ATH

84 NOV 7 9 43
6
NON 48

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

Ret:
Richard Clark
HC Box 9
Malin, OR
97632

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: *Marian Ackerman*, Deputy Registrar
Date: JUN 13 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 7th day of November A.D., 19 84 at 3:22 o'clock p M, and duly recorded in Vol M84 of Deeds on page 18916.

Fee: \$ 4.00 Index: \$1.00

EVELYN BIEHN, COUNTY CLERK
by: *Sam Smith*, Deputy