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

Vol. M84 Page 19342

CERTIFICATE OF DEATH  
ORS - 146

Local File Number

State File Number

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DECEASED—NAME FIRST MIDDLE LAST <b>HUGH NEVILLE WOODS</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>November 9, 1984</b>	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		SEX <b>Male</b>	AGE—LAST BIRTHDAY (YEARS) <b>57</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		COUNTY OF DEATH <b>Klamath</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>557-30-4681</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Truck Driver</b>	
RESIDENCE—STATE <b>Oregon</b>		CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
FATHER—NAME FIRST MIDDLE LAST <b>Willard - Woods</b>		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN NAME) <b>Wilda - Gillespie</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Eternal Hills Memorial Gardens</b>	
FUNERAL SERVICE LICENSE OR PERSON ACTING AS SUCH—SIGNATURE <i>Mike O'Hair</i>		20B O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Oregon 97601	
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:			
DEATH OCCURRED (MONTH, DAY, YEAR) <b>11:45 A.M. November 9, 1984</b>		FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE <i>Robert E. Jamison</i>		NAME—(TYPE OR PRINT) <b>Robert E. Jamison</b>	
MEDICAL EXAMINER FOR: <b>Klamath</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>11/10/84</b>	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) <b>NOV 13 1984</b>		REGISTRAR (SIGNATURE) <i>Arthur E. Cassin</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) <b>(A) Multiple Traumatic Injuries with Thoracic Compression</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Couple minutes</b>	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <b>(B) Due to, or as a consequence of:</b>		INTERVAL BETWEEN ONSET AND DEATH	
DATE OF INJURY (MONTH, DAY, YEAR) <b>November 9, 1984</b>		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) <b>11:30 A.M. Pickup Truck went off road, Mr. Woods ejected, and under truck.</b>	
INJ. AT WORK (SPECIFY YES OR NO) <b>No</b>		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) <b>M.P. 35.4 Hwy. 140, Klamath Falls, Klamath, Or</b>	
RESERVED FOR REGISTRAR'S USE			

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Arthur E. Cassin*, Deputy Registrar

Date **NOV 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 15th day of November A.D., 1984 at 12:57 o'clock P M, and duly recorded in Vol M84 of Deeds on page 19342.

EVELYN BIEHN, COUNTY CLERK

by *Pam Smith*, Deputy

Fee: \$ 5.00

Return: Loreece Woods 1215 Owens St. Klamath Falls, Oregon 97601