

43768

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

Vol. 184 Page 20264

CERTIFICATE OF DEATH

DECEASED NAME		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
William		Frederick		GREENWALD				October 13, 1984	
RACE		SEX		AGE		DATE OF BIRTH (MONTH, DAY, YEAR)			
White		Male		47		July 5, 1937			
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION		CITY, TOWN, OR LOCATION OF DEATH		STREET AND NUMBER OF DEATH		STATE	
Ashland		Hwy 66 ml p20. Log Road		DOA		Jackson			
STATE OF BIRTH		CITIZENSHIP		MARRIED		DIVORCED		WIDOWED	
New York		USA		Married		Janet		Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY					
082-30-4255		Timber Manager		Columbia Plywood Corp					
RESIDENCE STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OF DEATH		STATE	
Oregon		Klamath		Klamath Falls		2013 Dawn Dr		OR	
FATHER NAME		MOTHER NAME		MARRIED		DIVORCED		WIDOWED	
James Leo Greenwald		Emma - Buhla		Janet Greenwald- Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION		CITY		STATE	
Burial		Eternal Hills Cemetery		Klamath Falls, Or					
CERTIFICATION		MEDICAL EXAMINER		LITWILLER-SIMONSEN FUNERAL HOME		1811 Ashland St		Ashland, Or 97520	
I CERTIFY THAT I HAVE INQUIRED INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE AND IN MY OPINION DEATH RESULTED FROM AN ACUTE		DEATH OCCURRED (THE DECEASED WAS PRONOUNCED DEAD)		FROM		NATURAL CAUSES		ACUTE	
9/4/84		10/13/84		9:52A		NATURAL CAUSES		ACUTE	
CERTIFIER		NAME (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		ASST. M.E.			
John P. Shoner, DO		October 18, 1984							
DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR)		SIGNATURE		J. J. Litterick					
OCT 22 1984									
IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)							
(a) Atherosclerotic coronary artery disease									
(b) DUE TO OR AS A CONSEQUENCE OF									
(c) OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (a)							
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART (a) OR PART (b) ITEM (2))							
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE			
NO									
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE OCT 23 1984

(SEAL) -

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 21 day of December A.D., 1984 at 2:00 o'clock P.M. and duly recorded in Vol. 184 of Deaths on page 20264.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: P. Smith, Deputy

Ret: Janet Greenwald 2013 Dawn Dr. Klamath Falls, Oregon 97601