45540

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

Vol. M85 Page 1732

14
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEDENT—NAME: First AMBROSE	Middle LEE	Last WHEELER		2 DATE OF DEATH (month, day, year): January 11, 1985	
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last Birthday (years): 70	5b Under 1 year: mos / days	5c Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year): April 23, 1914
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient	7d COUNTY OF DEATH: Klamath		
8 STATE OF BIRTH (If not in U.S.A. name country): Oklahoma	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Vena K. Wheeler	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13 SOCIAL SECURITY NUMBER: 443-12-1912	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Tallyman	14b KIND OF BUSINESS OR INDUSTRY: Lumber			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1316 Shelley St. 97603	15e Inside City Limits (specify yes or no): No	
16 FATHER—NAME first middle last: Miles Johnson Wheeler	17 MOTHER—first middle last (Maiden Name): Sone - Yandell	18 INFORMANT—NAME and relationship to deceased: Vena Katherine Wheeler, Wife			
19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	19c LOCATION city or town state: Klamath Falls, Ore.			
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mike Ollo	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel Inc. 515 Pine St., Klamath Falls, Ore				
To be Completed by CERTIFYING PHYSICIAN Only — To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature): Blake Berven	21b DATE SIGNED (Mo., Day, Yr.): 1/14/85	21c HOUR OF DEATH: 7:45 A. M			
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 14 1985	22b REGISTRAR (Signature): Darlene E. Cravenho				

PART I

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Cardiogenic shock — Interval between onset and death: 1hr

DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute inferior and posterior infarctions — Interval between onset and death: 8days; 8hrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) ASHD, old anterior infarction — Interval between onset and death: 12yrs, 6yrs

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION	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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E. Cravenho, Deputy Registrar
Date JAN 14 1985
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 31st day of January A.D., 19 85 at 4:08 o'clock P M, and duly recorded in Vol M85 of Deeds on page 1732

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Pam Smith, Deputy

Return: Vena Katherine Wheeler 1316 Shelley Street, Klamath Falls, Oregon 976