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Vol. M85 Page 12546HEALTH DIVISION
STATE OF OREGON
VITAL RECORDS SECTION

78-009312

205
CERTIFICATE OF DEATH

DECEASED—NAME		First		Last		DATE OF DEATH (month, day, year)	
EARL		ROBERT		WORDEN		June 6, 1978	
RACE (White, Black, American Indian, etc. (specify))		SEX		AGE (years)		DATE OF BIRTH (month, day, year)	
White		Male		62		September 6, 1915	
COUNTY OF DEATH		CITY, TOWN OR LOCATION		RELIGION		MARRIAGE STATUS	
Klamath		Klamath Falls		Presbyterian Intercomm.		Married	
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF BIRTH COUNTRY		MARRIAGE STATUS		MARRIAGE STATUS	
Colorado		USA		Married		Lila Worden	
SOCIAL SECURITY NUMBER		MARRIAGE STATUS		MARRIAGE STATUS		MARRIAGE STATUS	
543 - 10 - 4747		Maintenance		Oregon State Highway Dept.		Oregon State Highway Dept.	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET ADDRESS	
Oregon		Klamath		Klamath Falls		746 Wocus Street	
FATHER—NAME		MOTHER—NAME		MARRIAGE STATUS		MARRIAGE STATUS	
Milton - Worden		Dorella Silverthorn		Lila Worden (Wife)		Klamath Falls, Oregon 97601	
BURIAL CHURCH		BURIAL CEMETERY		BURIAL CEMETERY		BURIAL CEMETERY	
Baptist		Klamath Memorial Park		Klamath Memorial Park		Klamath Memorial Park	
FURNERAL HOME		FURNERAL HOME		FURNERAL HOME		FURNERAL HOME	
Wards - 1945		Main St - Klamath Falls, Ore. 97601		Main St - Klamath Falls, Ore. 97601		Main St - Klamath Falls, Ore. 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
June 6, 1978		June 6, 1978		June 6, 1978		June 6, 1978	
IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE		IMMEDIATE CAUSE	
Respiratory Arrest		Respiratory Arrest		Respiratory Arrest		Respiratory Arrest	
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:	
Hypoxia		Hypoxia		Hypoxia		Hypoxia	
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:	
Chronic Obstructive Pulmonary Disease		Chronic Obstructive Pulmonary Disease		Chronic Obstructive Pulmonary Disease		Chronic Obstructive Pulmonary Disease	
OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS	
No		No		No		No	
DATE OF INJURY (Mo., Day, Yr.)		DATE OF INJURY (Mo., Day, Yr.)		DATE OF INJURY (Mo., Day, Yr.)		DATE OF INJURY (Mo., Day, Yr.)	
No		No		No		No	
PLACE OF INJURY—At home, car, school, factory, etc. (Specify)		PLACE OF INJURY—At home, car, school, factory, etc. (Specify)		PLACE OF INJURY—At home, car, school, factory, etc. (Specify)		PLACE OF INJURY—At home, car, school, factory, etc. (Specify)	
No		No		No		No	
LOCATION		LOCATION		LOCATION		LOCATION	
No		No		No		No	
STREET OR R.F.D. NO.		STREET OR R.F.D. NO.		STREET OR R.F.D. NO.		STREET OR R.F.D. NO.	
No		No		No		No	
CITY OR TOWN		CITY OR TOWN		CITY OR TOWN		CITY OR TOWN	
No		No		No		No	
STATE		STATE		STATE		STATE	
No		No		No		No	

VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED: Apr 2 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 8th day
of August A.D., 19 85 at 3:16 o'clock P.M., and duly recorded in Vol. M85
of Deeds on Page 12546.

Evelyn Biehn
By _____County Clerk
Pam Smith

FEE

\$5.00

Ret: William P. Brandness 411 Pine St., Klamath Falls, Oregon 97601