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

Vol. M85 Page 13331

CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number	
1 <u>WILLIAM</u>		<u>D.</u>		<u>GREEN</u>	DATE OF DEATH (month, day, year) 2 <u>August 14, 1985</u>	
RACE White, Black, American Indian, etc. (specify) 3 <u>White</u>		SEX 4 <u>Male</u>	AGE—Last birthday (years) 5a <u>71</u>	Under 1 year 5b mos days	Under 1 day 5c hours min	DATE OF BIRTH (month, day, year) 6 <u>August 13, 1914</u>
CITY, TOWN OR LOCATION OF DEATH 7a <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in center, give street and number) 7b <u>West Medical Center</u>			IF HOSP. OR INST. Indicate DOA, OP, Emer., Am., Inpatient (Specify) 7c <u>Inpatient</u>	
STATE OF BIRTH (if not in U.S.A. name country) 8 <u>California</u>		CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Married</u>	SPOUSE (IF MARRIED, WIDOWED) 11 <u>Edith F. Green</u>	
SOCIAL SECURITY NUMBER 13 <u>562-26-0046</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Millworker</u>			KIND OF BUSINESS OR INDUSTRY 14b <u>Timber Manufacturing</u>	
RESIDENCE—STATE 15a <u>Oregon</u>	COUNTY 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>		STREET AND NUMBER OR R.F.D., ZIP 15d <u>3312 Cannon Avenue</u> 15e <u>97603</u>		Inside City Limits (specify yes or no) <u>No</u>
FATHER—NAME first middle last 16 <u>William E. Green</u>		MOTHER—first middle last (Maiden Name) 17 <u>Elizabeth - Wilson</u>		INFORMANT—NAME and relationship to deceased 18 <u>Edith F. Green, wife</u>		
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY—NAME 19b <u>Mt Laki Cemetery</u>			LOCATION city or town state 19c <u>Klamath Falls, Oregon 97</u>	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) 20a <u>William J. Davenport</u>		NAME AND ADDRESS OF FACILITY 20b <u>Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194</u>				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <u>Blake D. Berven</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>August 14, 1985</u>		HOUR OF DEATH 21c <u>01:00 A M</u>		
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <u>Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601</u>						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>AUG 15 1985</u>		REGISTRAR 22b (Signature) <u>Marian E. Ackerman</u>				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I (a) <u>Respiratory failure</u>		Interval between onset and death <u>10 minutes</u>				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b) <u>Pneumonia</u>		Interval between onset and death <u>1 week</u>				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) <u>Severe COPD</u>		Interval between onset and death <u>12 years</u>				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						
AUTOPSY (Specify Yes or No) 24 <u>No</u>		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 <u>No</u>				
ACCIDENT (Specify Yes or No) 26a <u>No</u>		DATE OF INJURY (Mo., Day, Yr.) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK (Specify Yes or No) 26e <u>No</u>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian E. Ackerman Deputy Registrar

Date Aug 15 1985
VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 22nd day of August A.D., 19 85 at 3:04 o'clock P M., and duly recorded in Vol. M85 of _____ Deeds on Page 13331.

FEE \$5.00

Evelyn Biehn, County Clerk
By Peter Smith

Ret: Edith Green. 3312 Cannon Avn. Klamath Falls, Oregon 97603