

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

Vol. 1985 Page 19876

505

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

4
5
6

Local File Number 505		State File Number	
DECEASED- NAME First Middle Last Charles D. WARE		DATE OF DEATH (month day year) December 3, 1985	
RACE White Black American Indian etc (Specify) White	SEX Male	AGE-Last birthday (years) 71	DATE OF BIRTH (month day year) July 8, 1914
CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION-NAME (If not, give street and number) West Medical Center	IF HOSP OR INST indicate DOA OP Emer Rm Inpatient (Specify) Inpatient	COUNTY OF DEATH Klamath
STATE OF BIRTH (If not in U.S.A. name country) North Dakota	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SPOUSE (IF MARRIED WIDOWED) Wylma
SOCIAL SECURITY NUMBER 544-01-7371	USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Truck Driver	KIND OF BUSINESS OR INDUSTRY Sand & Gravel	
RESIDENCE-STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 1754 Derby Street 97601
FATHER NAME First middle last Clarence - Ware	MOTHER - First middle last (Maiden Name) Grace - Sperry	INFORMANT NAME and relationship to decedent Wylma M. Ware, wife	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial	CEMETERY OR CREMATORY NAME Eternal Hills Memorial Gardens	LOCATION City or town State Klamath Falls, Oregon 97	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) William J. Davenport	NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) [Signature]		DATE SIGNED (Mo Day Yr) December 4, 1985	HOUR OF DEATH 2:10 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601			
DATE RECEIVED BY REGISTRAR (Mo Day Yr) December 04, 1985		REGISTRAR 22b (Signature) [Signature]	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiac Arrest Interval between onset and death Minutes DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Cancer of the Prostate Interval between onset and death Years DUE TO, OR AS A CONSEQUENCE OF (c) Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a) ACCIDENT (Specify Yes or No) DATE OF INJURY (Mo Day Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 24 No 25 No INJURY AT WORK (Specify Yes or No) PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify) LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE 26a No 26b 26c M 26d 26e No 26f 26g			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

452 MEV 1283

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of the record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By **[Signature]** Deputy Registrar

Date **December 4, 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 _____ day
of **December** A.D., 19 **85** at **2:42** o'clock **P**.M., and duly recorded in Vol. **1985**
of **Deeds** on Page **19876**

FEE \$5.00

Evelyn Biehn, County Clerk
By **[Signature]**

Ret: Wylma M. Ware 1754 Derby St., Klamath Falls, Oregon 97601