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DEPARTMENT OF HEALTH SERVICES
Vital Statistics Unit

CERTIFICATE OF DEATH

Local File Number: 510 State File Number: _____

DECEASED NAME First Middle Last: **RALPH MARTIN WILLIAMS**

DATE OF DEATH (month day year): **2 December 4, 1985**

RACE (specify): **White** **SEX**: **Male** **AGE**—Last birthday (years): **75**

DATE OF BIRTH (month day year): **6 June 21, 1910**

CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** **HOSPITAL OR OTHER INSTITUTION—NAME** (if not in center give street and number): **Merle West Medical Center**

STATE OF BIRTH (if not in U.S.A. name country): **Montana** **CITIZEN OF WHAT COUNTRY**: **U.S.A.** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)**: **Married**

SPOUSE (IF MARRIED WIDOWED): **Nellie** **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Specify Yes or No): **No**

SOCIAL SECURITY NUMBER: **543 - 10 - 1305** **USUAL OCCUPATION** (give kind of work done during most of working life, even if retired): **Foreman - Retired**

IND OF BUSINESS OR INDUSTRY: **Weyerhaeuser Timber Company**

RESIDENCE—STATE: **Oregon** **COUNTY**: **Klamath** **CITY, TOWN, OR LOCATION**: **Klamath Falls** **STREET AND NUMBER OR R.F.D. ZIP**: **743 N. 11th St. 97601**

FATHER—NAME first middle last: **Charles R. Williams** **MOTHER—first middle last (Maiden Name)**: **Jennie Phillips**

INFORMANT—NAME and relationship to deceased: **Nellie Williams / Wife**

BURIAL, CREMATION, REMOVAL, MAUS. (specify): **Burial** **CEMETERY OR CREMATORY—NAME**: **Mt. Calvary Cemetery** **LOCATION** City or town: **Klamath Falls, Oreg.**

FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): **Jim Lancaster** **NAME AND ADDRESS OF FACILITY**: **WARD'S FUNERAL HOME / 1945 Main St. / Klamath Falls, Ore.**

21a (Signature): **Kenneth K. Magee** **DATE SIGNED (Mo. Day Yr.)**: **12-9-85** **HOUR OF DEATH**: **5:25 AM**

21b (Signature): **Kenneth K. Magee, MD** **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)**: **1900 Main St. - Klamath Falls, Ore. 97601**

21c: **DATE RECEIVED BY REGISTRAR (Mo. Day Yr.)**: **DEC 9 1985** **REGISTRAR** (Signature): **Marian Ackerman**

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

PART I

(a) **Respiratory arrest** **Interval between onset and death**: **minutes**

(b) **Probable Cerebral Vascular** **Interval between onset and death**: **minutes**

(c) **Severe generalized atherosclerosis** **Interval between onset and death**: **years**

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

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

INJURY AT WORK (Specify Yes or No): **No** **PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)**: **26e** **LOCATION**: **26f** **STREET OR R.F.D. NO**: **26g** **CITY OR TOWN**: **26h** **STATE**: **26i**

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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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 Ackerman*, Deputy Registrar

Date *December 9, 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 _____ A.D., 19 85 at 1:27 o'clock P.M., and duly recorded in Vol. M85 of _____ Deeds on Page 20052.

FEE \$5.00

Evelyn Biehn, County Clerk

By *Pam Smith*

Ret: Nellie Williams 743 N. 11th St., Klamath Falls, Oregon 97601