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

# CERTIFICATE OF DEATH

524 — Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

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

| | | | | | |
|---|---|---|---|---|---|
| 1 DECEASED—NAME: First: Clarence | Middle: R. | Last: Wilson | | 2 DATE OF DEATH (month day year): December 17, 1985 | |
| 3 RACE (White, Black, American Indian, etc. (specify)): White | 4 SEX: Male | 5a AGE—Last birthday (years): 77 | Under 1 year: 5b mos / days | Under 1 day: 5c hours / min | 6 DATE OF BIRTH (month day year): June 5, 1908 |
| 7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls | 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center | | 7c IF HOSP OR INST, indicate DOA, OP, Emer., Rm., Inpatient (Specify): Emer. Rm. | | 7d COUNTY OF DEATH: Klamath |
| 8 STATE OF BIRTH (If not in U.S.A., name country): Canada | 9 CITIZEN OF WHAT COUNTRY: U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | 11 SPOUSE (IF MARRIED, WIDOWED): Ellen G. Hagen | | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No |
| 13 SOCIAL SECURITY NUMBER: 535-28-2961 | 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Station Maintenance Supervisor | | 14b KIND OF BUSINESS OR INDUSTRY: Pan American Airlines | | |
| 15a RESIDENCE—STATE: Oregon | 15b COUNTY: Klamath | 15c CITY, TOWN, OR LOCATION: Keno | 15d STREET AND NUMBER OR R.F.D., ZIP: 11529 White Goose Road 97627 | | 15e Inside City Limits (specify yes or no): No |
| 16 FATHER—NAME first middle last: George Frederick Wilson | 17 MOTHER—first middle last (Maiden Name): Nellie - Carl | | 18 INFORMANT—NAME and relationship to deceased: Ellen G. Wilson, wife | | |

**DISPOSITION**

| | | | |
|---|---|---|---|
| 19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation | 19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory | 19c LOCATION City or Town, State: Klamath Falls, Oregon | |
| 20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): William F. Davenport | 20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-71 | | |

**CERTIFIER** — 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 MD — 21b DATE SIGNED (Mo. Day. Yr.): December 17, 1985 — 21c HOUR OF DEATH: 12:02 AM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): DEC 18 1985 — 22b REGISTRAR (Signature): Roberta E. Crawford

**CAUSE OF DEATH**

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

| | | | |
|---|---|---|---|
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) | | | Interval between onset and death |
| PART I (a) | Cardiogenic shock | | one hour |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | acute anterior infarction | | one hour |
| DUE TO, OR AS A CONSEQUENCE OF: (c) | Multi-vessel coronary artery disease | | 10 years |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | COPD and Chronic renal failure | 24 AUTOPSY (Specify Yes or No): No | 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No |

| | | | |
|---|---|---|---|
| 26a ACCIDENT (Specify Yes or No): No | 26b DATE OF INJURY (Mo. Day. Yr.) | 26c HOUR OF INJURY M | 26d DESCRIBE HOW INJURY OCCURRED |
| 26e INJURY AT WORK (Specify Yes or No): 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-

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 Roberta E. Crawford, Deputy Registrar

Date December 19, 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES. Return to Bartell, Keno

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 18th day of December A.D., 19 85 at 3:28 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 20580.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith