

56684

465

STATE OF OREGON - STATE HEALTH DIVISION
Vital Statistics SectionVol. M85 Page 20906

Local File Number		CERTIFICATE OF DEATH		State File Number	
1. DECEASED - NAME First Middle Last JAMES LAWRENCE WOLFE, SR				DATE OF DEATH (month, day, year) December 20, 1977	
2. RACE White, Negro, American Indian, etc. (specify) White		3. SEX Male	4. AGE - last birthday (years) 45	5. Under 1 year mos. days hours min.	6. DATE OF BIRTH (month, day, year) July 23, 1932
7a. COUNTY OF DEATH Deschutes		7b. CITY, TOWN, OR LOCATION OF DEATH Bend		7c. Inside City Limits (specify yes or no) NO	
8. STATE OF BIRTH (if not in U.S.A., name of country) Kansas		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
11. SOCIAL SECURITY NUMBER 542-32-7761		12. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Cat Skinner		13. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) St. Charles Med. Cent.	
14a. RESIDENCE - STATE Oregon		14b. COUNTY Klamath	14c. CITY, TOWN, OR LOCATION Chemult	14d. STREET AND NUMBER OR RFD Star Rt. Box 120	
15. FATHER - NAME first middle last James Edward Wolfe		16. MOTHER - Maiden Name first middle last Vera Lee Pigg		17. INFORMANT - Name and relationship to deceased Phyllis Wolfe (Spouse)	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. Immediate Cause Occlusive Coronary Arteriosclerosis					
(a) due to, or as a consequence of:					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last					
(b) due to or as a consequence of:					
(c) due to or as a consequence of:					
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)					
Fractured femur & pelvis. Internal and chest injuries					
19a. AUTOPSY (yes or no) Yes					
19b. IF YES were findings considered in determining cause of death Yes					
20a. DATE OF INJURY (month, day, year) 12-20-77		20b. HOUR 9:25 A.M.	20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) Run over by log skidder plus log dropped on deceased.		
20d. INJURY AT WORK (specify yes or no) Yes		20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) Woods		20f. LOCATION (street or R.F.D. No., city or town, county, state) 6 miles East of Hwy. 97 on Hwy. 138 at road #283.	
CERTIFICATION - MEDICAL INVESTIGATOR					
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:					
21a. DEATH OCCURRED (hour) 1:49 P.		21b. THE DECEDENT WAS PRONOUNCED DEAD (month day year) 12-20-77		21c. FROM: Natural Causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/>	
22a. CERTIFIED - SIGNATURE David S. Spence, M.D.		22b. NAME - (type or print) David S. Spence, M.D.			
23. MEDICAL INVESTIGATOR FOR: Deschutes		24. DATE SIGNED (month, day, year) 12-21-77			
24a. BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Burial		24b. CEMETERY OR CREMATORY - NAME Benton Butte Cemetery		24c. LOCATION city or town state Bend, Oregon	
24d. DATE (month, day, year) 12-23-77		25. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip) Tabor Funeral Home - 714 N. W. Hill St. - Bend, Oregon 97701			
26a. REGISTRAR'S SIGNATURE Joan K. Hamm		26b. DATE RECEIVED BY LOCAL REGISTRAR December 23, 1977		27. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE					

VS-07 REV. - 2-73

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF DESCHUTES

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

Joan K. Hamm, Registrar
Vital Statistics

Dec 23 1977

ATC

VOID IF ALTERED

Not valid without raised seal of Deschutes County Health Department

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of December A.D. 19 85 at 12:30 o'clock P.M., and duly recorded in Vol. M85
of Deeds on Page 20906

FEE \$5.00

EVELYN BIEHN County Clerk

By Bernetha J. Scholtz