

588

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol. 186 Page 4962

A 7087
ID TAG NO.
116

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE MANUAL BOOK

RECEIVED DEATH (RECORDED IN INSTITUTIONAL BOOK IF HANDING OR RECORDING) COMPLETION OF THE SOURCE (1700)

DISPOSITION

CERTIFIER

COMMENTS (F. ABBY, B. CH. CH. RISE T. I. (INCL. TIME), J. (INCL. TIME), K. (INCL. TIME), L. (INCL. TIME))

USE OF

1 DECEASED - NAME George D. WILLIAMS		M date D.		Last WILLIAMS		DATE OF DEATH (month, day, year) 2 March 23, 1986	
2 RACE (White, Black, Anfrican Indian, etc.) White		SEX Male		AGE - Last birthday (years) 87		DATE OF BIRTH (month, day, year) 8 June 18, 1898	
3 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in table give street and number) Man View Care Center		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) Inpatient		COUNTY OF DEATH Klamath	
4 STATE OF BIRTH (If not in U.S. give country) Kentucky		CITIZEN OF BIRTH (Country) U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED		SPOUSE (IF MARRIED, WIDOWED) Edith	
5 SOCIAL SECURITY NUMBER 442-16-7162		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		KIND OF BUSINESS OR INDUSTRY Newspaper Publishing Company			
6 RESIDENCE - STATE Oregon		COUNTY Klamath		CITY, TOWN OR LOCATION Klamath Falls		STREET AND NUMBER OR R.F.D. ZIP 2237 Wantland Avenue 97601	
7 FATHER - NAME Williams		MOTHER - first middle last Lucinda - Bowe		INFORMANT - NAME and relationship to deceased Edith A. Williams, wife			
8 CREMATION Crementation		9 CEMETERY OR CREMATORY - NAME Eternal Hills Crematory		10 LOCATION city or town state Klamath Falls, Oregon 97			
11 DEATH SERVICE LICENSE # (If not on file as of date of death) William F. Newcamp		12 NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7191					
13 SIGNATURE OF CERTIFIER <i>Edith A. Williams</i>		14 DATE SIGNED (Mo., Day, Year) 21c March 24, 1986		15 HOUR OF DEATH 21c 10:00 A M		16 NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21a Everett E. Howard, M.D., 2522 Campus Drive, Klamath Falls, Oregon ZIP: 97601	
17 DATE RECEIVED BY REGISTRAR (Mo., Day, Year) March 24, 1986		18 REGISTRAR <i>Arthur E. Craun</i>					
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b) AND (c)) CHRONIC RENAL FAILURE & ANEMIA		20 INTERVAL BETWEEN ONSET AND DEATH 7 YEAR		21 OTHER SIGNIFICANT CONDITIONS - Consider conditions leading to death but not stated to cause given in PART 1 (a) None			
22 AUTOPTSY (Specify Yes or No) No		23 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No		24			
25 INJURY AT WORK (Specify Yes or No) No		26 PLACE OF INJURY - All homes, farms, stores, factory, office building, etc. (Specify) None		27 LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE None			
28 HOSPITAL REPRESENTATIVE MADE REQUEST FOR ANATOMICAL GIFT CONSENT? No		29 WAS GIFT MADE? NO		30 RESERVED FOR REGISTRATION USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-78

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 *Arthur E. Craun*, Deputy Registrar

Date *March 25, 1986*
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 26th day of March A.D. 19 86 at 12:09 o'clock P. M., and duly recorded in Vol. M86 of Deeds on Page 4962.

FEES \$5.00
Return: Edith Williams 2237 Wantland Ave., Klamath Falls, Oregon 97601
By Evelyn Blehn, County Clerk
Ron Smith