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

CERTIFICATE OF DEATH

ID TAG NO. 07760
Local File Number 200
State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: Gladys; Middle: L.; Last: WALKER
2 DATE OF DEATH (month, day, year): May 24, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Female
5a AGE — Last birthday (years): 62
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): July 1, 1924
7a CITY, TOWN OR LOCATION OF DEATH: Merrill
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 505 E. Front Street
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Residence
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Noel O. Walker
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 551-30-3019
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
14b KIND OF BUSINESS OR INDUSTRY: Own Home
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Merrill
15d STREET AND NUMBER OR R.F.D.: 505 E. Front Street
ZIP: 97633
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: James Ben Burnes
17 MOTHER — first middle last (Maiden Name): Viola Elizabeth Childers
18 INFORMANT — NAME and relationship to deceased: Noel O. Walker, husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens
19c LOCATION city or town state: Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Merrill Reid
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

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 M.D.
21b DATE SIGNED (Mo., Day, Year): May 24, 1986
21c HOUR OF DEATH: 1:00 A. M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon ZIP 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): May 27 1986
22b REGISTRAR (Signature): Katherine E Cravens

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).)
PART I
(a) Acute Myocardial Infarction — Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASHD, old inferior infarction — Interval between onset and death: 10 yrs
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)

24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

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

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☑ N/A ☐
WAS GIFT MADE? YES ☐ NO ☑ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-86

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Cravens, Deputy Regisrtar

Date May 27, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 3rd day of June A.D., 19 86 at 2:46 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 9574.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Return: Noel Walker 505 E. Front St., Merrill, Oregon 97633