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ID TAG NO. 385
Local File Number

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

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

1 DECEASED — NAME: First: Kerney Middle: William Last: ROLISON
2 DATE OF DEATH (month, day, year): September 30, 1986
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE — Last Birthday (years): 75
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): October 24, 1910
7a CITY, TOWN OR LOCATION OF DEATH: Gilchrist
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Hwy 97 at M.P. 185
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Alabama
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Evelyn
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 540 18 0129
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resaw Operator
14b KIND OF BUSINESS OR INDUSTRY: Lumber
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Gilchrist
15d STREET AND NUMBER OR R.F.D.: Hwy 97 at M.P. 185
15e ZIP: 97737
15e Inside City Limits? (specify yes or no): NO
16 FATHER — NAME first middle last: Eddie Walton Rolison
17 MOTHER — first middle last (Maiden Name): Nancy Atchley

DISPOSITION

18 INFORMANT — NAME and relationship to deceased: Evelyn O. Rolison (Wife)
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Pilot Butte Cemetery
19c LOCATION city or town, state: Bend Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Carol L. Reynolds
20b NAME AND ADDRESS OF FACILITY: Niswonger-Reynolds Inc. 105 N.W. Irving Bend, OR 97701

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):
21b DATE SIGNED (Mo., Day, Year): September 30, 1986
21c HOUR OF DEATH: 3:50 A. M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Richard H. Ettinger, M.D. 1501 N.E. Medical Center Drive Bend, OR 97701
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 1 1986
22b REGISTRAR (Signature): Katherine E. Cranick

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) Hypertensive heart disease
DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebral vascular insufficiency — Interval between onset and death: 1 hr
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). — Interval between onset and death:

26a ACCIDENT (Specify Yes or No): NO
26b DATE OF INJURY (Mo., Day, Year):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No
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

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

NISWONGER-REYNOLDS, INC
P.O. Box 229
BEND, OR. 97709

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 Katherine E. Cranick, Deputy Registrar

Date October 4, 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 _____
of October A.D., 19 86 at 10:17 o'clock A M., and duly recorded in Vol. M86 the 8th day
of Deeds on Page 13379

FEE $5.00

Evelyn Biehn, County Clerk
By _____