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ID TAG NO.

175

Local File Number

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

Shirley, Rick, Sherry & Marshall
P.O. Box 105
Dallas, Oregon 97338

Vol. M86 Page 18410

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME First Middle Last Edward J. WEASE			DATE OF DEATH (month, day, year) 2 September 24, 1986		
RACE White, Black, American Indian, etc. (Specify) white			SEX male		
CITY, TOWN OR LOCATION OF DEATH Dallas			AGE - Last birthday (years) 76		
STATE OF BIRTH (If not in U.S., name country) Missouri			DATE OF BIRTH (month, day, year) February 13, 1910		
CITIZEN OF WHAT COUNTRY USA			HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 76 Birch Street Manor		
SOCIAL SECURITY NUMBER 492 07 1476			IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify) 7c Inpat.		
RESIDENCE - STATE Oregon			COUNTY OF DEATH Polk		
COUNTY Polk			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no) 12 NO		
FATHER - NAME first middle last Cuthbert Wease			MOTHER - first middle last Gertrude		
BURYAL, CREMATION, REMOVAL, MAUS, (Specify) Burial			CEMETERY OR CREMATORY - NAME Dallas Cemetery		
FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>Shirley Sloan</i>			NAME AND ADDRESS OF FACILITY Bollman Funeral Home; 694 Main St. Dallas, Oregon 97338		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type & Print) 21d Jerry L. Flaming, D.O. 1000 SE Uglow, Dallas, OR			DATE SIGNED (Mo., Day, Year) 21b 9-25-86		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e			HOUR OF DEATH 21c 8:45 p.m.		
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a September 26, 1986			REGISTRAR 22b (Signature) <i>Shirley Sloan</i>		
IMMEDIATE CAUSE PART I (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic vascular disease DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes mellitus, COPD					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No) 26a NO		DATE OF INJURY (Mo., Day, Year) 26b		HOUR OF INJURY 26c	
INJURY AT WORK (Specify Yes or No) 26d NO		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f		DESCRIBE HOW INJURY OCCURRED 26g	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 NO	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-85

STATE OF OREGON
COUNTY OF POLK

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT
AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON
FILE WITH THE POLK COUNTY HEALTH DEPARTMENT.

POLK COUNTY REGISTRAR

Shirley Sloan

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____
of _____ October _____ A.D., 19 86 at 12:38 o'clock P M., and duly recorded in Vol. 186
of _____ Deeds _____ on Page 18410

FEE \$5.00

Evelyn Biehn, County Clerk
By *Sam Smith*

