DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
67665 VITAL STATISTICS

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): William Leonard GALLAGHER II
2. DATE OF DEATH (Month, Day, Year): October 8, 1986
3a. COUNTY OF DEATH: Nye
3b. CITY, TOWN, OR LOCATION OF DEATH: Ophir Canyon
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Toyiabe Mountain Range
3d. INSIDE CITY LIMITS (Specify Yes or No): No
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm, Inpatient (Specify):
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
4b. ETHNIC: American
5a. AGE—Last Birthday (Years): 64
5b. UNDER 1 YEAR — MOS : DAYS
5c. UNDER 1 DAY — HOURS : MINS
6. DATE OF BIRTH (Mo., Day, Yr.): January 22, 1922
7. SEX: Male
8. STATE OF BIRTH (If not U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Nadine McNeil
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 545-52-8359
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Rancher
14b. KIND OF BUSINESS OR INDUSTRY: Cattle Ranch

If death occurred in institution see handbook regarding completion of residence items

15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Sprague River
15d. STREET AND NUMBER: Whiskey Ck. Ranch
15e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

16. FATHER—NAME (First, Middle, Last): William Gallagher
17. MOTHER—MAIDEN NAME (First, Middle, Last): Mary Anne Dower
18a. INFORMANT—NAME (Type or Print): Nadine Gallagher - wife
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Whiskey Creek Ranch Box 898 Sprague River, Oregon 97639

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal- Burial
19b. CEMETERY OR CREMATORY—NAME: Lost River Cemetery
19c. LOCATION (City or Town, State): Bonanza, Oregon
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
20b. NAME AND ADDRESS OF FACILITY: Tonopah Mortuary Box 668 Tonopah, Nevada 89049

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH:
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): [signature] Dep. Coroner
22b. DATE SIGNED (Mo., Day, Yr.): Oct. 9,1986
22c. HOUR OF DEATH: Apx 4:00 PM
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 10-8-86
22e. PRONOUNCED DEAD (Hour) AT: 7:25 P.M.

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Walter F. Taylor Box 668 Tonopah, Nevada 89049

REGISTRAR
24a. (Signature): [signature]
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 10-9-86
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☐

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Probable Myocardio-infraction — Interval between onset and death: Imediate
DUE TO, OR AS A CONSEQUENCE OF:
(b) Chronic Hypertension — Interval between onset and death:
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)
26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION — STREET OR R.F.D. No. — CITY OR TOWN — STATE:

Nº66512

Returned

VITAL RECORDS

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: OCT 23 1986

By: Lawrence P. Mathis
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 31st day of October A.D., 19 86 at 1:26 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 19716.

Evelyn Biehn, County Clerk
By _____

FEE $5.00