'86 NOV 10 PM 12 46

07797
ID TAG NO.
411
Local File Number

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

Vol. M86 Page 20396

CERTIFICATE OF DEATH

State File Number

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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1. DECEASED—NAME (First) Halbert (Middle) Lowell (Last) WILSON
2. DATE OF DEATH (month, day, year) October 28, 1986
3. RACE (White, Black, American Indian, etc.) (specify) White
4. SEX Male
5a. AGE—Last Birthday (years) 69
5b. Under 1 year — mos.
5c. Under 1 day — hours / min.
6. DATE OF BIRTH (month, day, year) February 28, 1917
7a. CITY, TOWN OR LOCATION OF DEATH Malin
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) HC 62, Box 172
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) Oregon
9. CITIZEN OF WHAT COUNTRY U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11. SPOUSE (IF MARRIED, WIDOWED) Florence Wilson
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) No
13. SOCIAL SECURITY NUMBER 542-40-8281
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
14b. KIND OF BUSINESS OR INDUSTRY Farming
15a. RESIDENCE—STATE Oregon
15b. COUNTY Klamath
15c. CITY, TOWN OR LOCATION Klamath Falls
15d. STREET AND NUMBER OR R.F.D. HC 62, Box 172
15e. ZIP 97632
Inside City Limits (specify yes or no) No
16. FATHER—NAME first middle last Harry E. Wilson
17. MOTHER—first middle last (Maiden Name) Emma Turner

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial
18b. CEMETERY OR CREMATORY—NAME Malin Community Cemetery
18c. LOCATION city or town, state Malin, Oregon
19. FUNERAL SERVICE LICENSEE or person acting as such (Signature) [signature]
NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
20a. INFORMANT—NAME and relationship to deceased Florence Wilson, Wife

CERTIFIER

20b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) [signature]
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601
21a. DATE SIGNED (Mo., Day, Year) October 28, 1986
21b. HOUR OF DEATH 8:30 A. M
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21d. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) October 29 1986
22a. REGISTRAR [signature]
22b. (Signature)

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Sustained ventricular fibrillation — Interval between onset and death: 5 minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) Anterior myocardial infarction — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: (c). ASHD — Interval between onset and death: 15 years
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

ACCIDENT (Specify Yes or No) 25a
INJURY AT WORK (Specify Yes or No) 26a
DATE OF INJURY (Mo., Day, Year) 26b
HOUR OF INJURY 26c
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f
DESCRIBE HOW INJURY OCCURRED 26d
AUTOPSY (Specify Yes or No) 24 No
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐ X
LOCATION 26g STREET OR R.F.D. NO. CITY OR TOWN STATE
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 Rev. 1-85

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 [signature] Deputy Registrar
Date October 29, 1986

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of November A.D., 19 86 at 12:45 o'clock P M., and duly recorded in Vol. M86 day of Deeds on Page 20396

Evelyn Biehn, County Clerk
By [signature]

$5.00
Return: Florence Wilson HC 62, Box 172, Malin, Oregon 97632

CERTIFICATE OF DEATH

Walter	Lowell	WILSON			October 28, 1988	
White	Male	69			February 25, 1917	
Malin					Klamath	
Oregon	U.S.A.	Married	Florence Wilson		No	
542-10-8951	Farmer		Farming			
Oregon	Klamath	Klamath Falls	HC 82, Box 172	97603	No	
Harry E. Wilson	Emma	Turner	Florence Wilson, Wife			
Burial	Malin Community Cemetery		Malin, Oregon			
O'Hara Funeral Chapel, Inc.	315 Pine St.	Klamath Falls, Ore.				
M.D.	October 28, 1988	8:30 A.M.				
Physician, M.D., 2918 Clover St., Klamath Falls, Ore.				97601		
			No		Yes	

ORIGINAL VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF KLAMATH

I hereby certify that the foregoing is a correct and complete transcript of a record
on file in the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar - Vital Statistics

By _____ Deputy Registrar

Date _____

SEAL OF THE REGISTRAR OF VITAL STATISTICS, DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON, COUNTY OF KLAMATH, ss.

Filed for record at request of _____ the _____ day

of _____ A.D. 19__ at _____ o'clock ____ M., and duly recorded in Vol. _____

on Page _____

FEE _____ By _____ County Clerk