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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
Page 814

33
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
MARIE		---		---		WALLAN		MAY 31, 1985	
RACE (White, Black, American Indian, etc. (Specify))		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Female		81		Under 1 year		Dec. 24, 1903	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		HOSP OR INST. indicate DOA		COUNTY OF DEATH		Grant	
John Day		West Highway		OP Emer. Rm. Inpatient (Specify)		7a		No	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (If married, widowed)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Missouri		U.S.A.		Widowed		Kenneth		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		14a		14b	
541-05-6850		Store Clerk		Dry Goods		14a		14b	
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		97601	
Oregon		Klamath		Klamath Falls		4612 Thompson		15a	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased		18		19a	
Alden Wiman		Jeanette Smith		Ilah Grimsley (Daughter)		18		19a	
BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify)		CEMETERY OR CREMATORY NAME		LOCATION		19b		19c	
Burial		Eternal Hills Cemetery		Klamath Falls, Oregon		19b		19c	
FUNERAL SERVICE LICENSEE (If Person Acting As Licensee, Name and Address of Facility)		NAME AND ADDRESS OF FACILITY		19d		19e		19f	
M.T. Merrill M.D.		Driskill Mem. Chapel, 241 S. Canyon Blvd. John Day, Ore.		19d		19e		19f	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		21a		21b	
M.T. Merrill M.D. 180 Ford Rd. John Day, Ore.		6-1-85		8:45 P.		21a		21b	
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR		22a		22b		22c	
June 3, 1985		Patricia A. Johnston		22a		22b		22c	
PART I IMMEDIATE CAUSE		PART II OTHER SIGNIFICANT CONDITIONS		23		24		25	
(a) Terminal cardiac arrhythmia		Conditions contributing to death but not related to cause given in PART I (a)		23		24		25	
(b) Arteriosclerotic heart disease				23		24		25	
(c)				23		24		25	
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
No		26a		26b		26c		25	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO		CITY OR TOWN	
No		26d		26e		26f		26g	
26a		26b		26c		26d		26e	
26f		26g		26h		26i		26j	

ORIGINAL-VITAL STATISTICS COPY

Retrieved:
Mountain View
4/11/85

Date June 4, 1985

STATE OF OREGON
COUNTY OF GRANT

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Grant County Health Department.

NOT VALID WITHOUT RAISED SEAL OF
GRANT COUNTY HEALTH DEPT.

Patricia A. Johnston
Deputy Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day
of January A.D., 19 87 at 2:08 o'clock P.M., and duly recorded in Vol. M87
of Deeds on Page 814

FEE \$5.00

Evelyn Biehn
By Bernetha A. Smith County Clerk