

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

K-39260

72567

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A0602

ID TAG NO

860549

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

86-009284

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

DISPOSITION

CERTIFIER

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

CAUSE OF
DEATH

DECEASED - NAME First Middle Last Woody Alvery JOE SR.			DATE OF DEATH (month, day, year) 2 May 28, 1986		
RACE White, Black, American Indian, etc. (specify) 3 American Indian		SEX 4 Male	AGE - Last birthday (years) Under 1 year mo days 5a 74		Under 1 day hours min 5c
CITY, TOWN OR LOCATION OF DEATH 7a Medford			HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 7b Villa Royal Nursing Home		IF HOSP OR INST indicate DOA OP Emer. Rm. Inpatient (specify) 7c Inpatient
STATE OF BIRTH (If not in U.S.A., name country) 8 California		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	
SOCIAL SECURITY NUMBER 13 541-03-8497		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Retired Rancher		KIND OF BUSINESS OR INDUSTRY 14b Ranching	
RESIDENCE - STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN OR LOCATION 15c Beatty	STREET AND NUMBER OR R.F.D. 15d Highway 140 East	ZIP 97621
FATHER - NAME first middle last 16 Frank Joe		MOTHER - first middle last (Maiden Name) 17 Georgiana		INFORMANT - NAME and relationship to deceased 18 Bernice F. Joe - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation		CEMETERY OR CREMATORY - NAME 19b Hillcrest Memorial Park		LOCATION city or town state 19c Medford, Oregon	
FURNERAL SERVICE LICENSEE or person acting as such (Signature) 20a Beverly Morris			NAME AND ADDRESS OF FACILITY 20b Ward's Funeral Home 1945 Main St. Klamath Falls, Oregon		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Warren G. Bishop MD			DATE SIGNED (Mo. Day, Year) 21b 5-29-86		HOUR OF DEATH 21c 7:30 A.M.
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d Warren G. Bishop, M.D. 33 N. Central Medford, Oregon 97501			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		
DATE RECEIVED BY REGISTRAR (Mo. Day, Year) 22a MAY 29 1986			REGISTRAR 22b (Signature) Joan Lattensack		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) Acute Pulmonary - Cardiac Failure				Interval between onset and death 45 min	
(b) Hypertension and Coronary Heart Disease				Interval between onset and death several yrs	
(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)					
ACCIDENT (Specify Yes or No) 24a No		DATE OF INJURY (Mo. Day, Year) 24b		HOUR OF INJURY 24c	
INJURY AT WORK (Specify Yes or No) 25a No		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25b		LOCATION 25c	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		RESERVED FOR REGISTRAR'S USE	

Return to Certified Mortgage ORIGINAL-VITAL STATISTICS COPY
803 Main Street
Klamath Falls, Oregon 97601

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED MAR 18 1987

JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: 55.

Filed for record at request of Klamath County Title Co. the 20th day
of March A.D., 19 87 at 2:55 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 4647.

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]