OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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74090

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

85-023106

CERTIFICATE OF DEATH

Local File Number: 525

State File Number

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

02

DECEDENT

1 DECEASED—NAME: First: Clarence; Middle: R.; Last: Wilson

2 DATE OF DEATH (month day year): December 17, 1985

3 RACE (White, Black, American Indian, etc. (Specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 77

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month day year): June 5, 1908

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c IF HOSP OR INST, Indicate DOA, OP, Emer, Rm, Inpatient (Specify): Emer. Rm.

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Canada

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ellen G. Hagen

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 535-28-2961

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Station Maintenance Supervisor 01421

14b KIND OF BUSINESS OR INDUSTRY: Pan American Airlines

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Keno

15d STREET AND NUMBER OR R.F.D., ZIP: 11529 White Goose Road 97627

15e Inside City Limits (Specify yes or no): No

16 FATHER—NAME first middle last: George Frederick Wilson

17 MOTHER—first middle last (Maiden Name): Nellie Carl

18 INFORMANT—NAME and relationship to deceased: Ellen G. Wilson, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (Specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION city or town, state: Klamath Falls, Oregon 97603

20a FUNERAL SERVICE LICENSEE (Or Person Acting As Such) (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Blake Berven MD

21b DATE SIGNED (Mo. Day Yr.): December 17, 1985

21c HOUR OF DEATH: 12:02 A.M.

NAME AND ADDRESS OF CERTIFIER (Type or Print): 21d Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): DEC 18 1985

22b REGISTRAR (Signature): Barbara E. Crawley

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I
(a) Cardiogenic shock — Interval between onset and death: one hour
DUE TO, OR AS A CONSEQUENCE OF
(b) acute anterior infarction — Interval between onset and death: one hour
DUE TO, OR AS A CONSEQUENCE OF
(c) Multi-vessel coronary artery disease — Interval between onset and death: 10 years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).: COPD and Chronic renal failure

4 410X
5 560
6

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo. Day Yr.)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY occurred

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV 12 83

MAY 29 1986

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.

MAY 29 1986
DATE ISSUED

Ellen Wilson Box 481 Keno 97627

Joseph D. Carney
JOSEPH D. CARNEY
STATE REGISTRAR

$5.00

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 1st day of May A.D., 19 87 at 3:23 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 7440.

FEE $5.00

Evelyn Biehn, County Clerk
By _____