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JUN 24 PM 12 38
ID TAG NO.
238
Local File NumberSTATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. M87 Page 10973

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK EXPLAINING COMPLETION OF CERTIFICATE ITEMS

POSITION

CERTIFIER

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

CAUSE OF DEATH

4
5
6

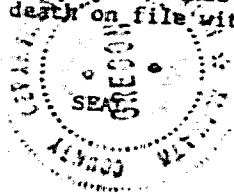
DECEASED - NAME		First Middle Last		State File Number	
1 William		Walter		WILKINS	
2 White		4 Male		5a 62	
3 Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)		7a Inpatient	
7a Klamath Falls		7b West Medical Center		7c Inpatient	
8 Oregon		CITIZEN OF WHAT COUNTRY		9 U.S.A.	
10 Married		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		11 Norma J. Moodie	
12 Yes		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14a Commercial Airplane Pilot	
13 541-22-4247		14b Air Transportation		15a Oregon	
15a Oregon		CITY, TOWN OR LOCATION		15b Klamath Falls	
16 William W. Wilkins		MOTHER - first middle last		17 Irma - Bixby	
18a Cremation		CEMETERY OR CREMATORY - NAME		19a Eternal Hills Crematory	
19a Cremation		20a Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194		21a June 22, 1987	
21a Arthur Freeland, MD, 1905 Main Street, Klamath Falls, Oregon		21b June 22, 1987		21c 2:20 A M	
22a JUN 22 1987		22b (Signature) - Marian Ackerman		23 Pseudomonas bacteremia / sepsis	
23 Pseudomonas bacteremia / sepsis		24 Chronic lymphocytic leukemia - end stage		25 48 hrs	
24 Chronic lymphocytic leukemia - end stage		25 48 hrs		26 8 years	
26 8 years		27 No		28 No	
27 No		28 No		29 No	
28 No		29 No		30 No	
29 No		30 No		31 No	
30 No		31 No		32 No	
31 No		32 No		33 No	
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97 No		98 No		99 No	
98 No		99 No		100 No	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-88

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.



MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date JUN 22 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Davenport's Chapel - the Good Shepherd the 24th day of June A.D. 19 87 at 12:38 o'clock PM, and duly recorded in Vol. M87 of Deeds on Page 10973.

FEE \$5.00

Ret: Norma J. Wilkins

By Evelyn Biehn, County Clerk

3738 Schooler Court, Klamath Falls, Oregon 97603