CERTIFICATION OF VITAL RECORD

80107

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M87 Page 18028

86-016083

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

A 0624 ID TAG NO.

337 Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK 01

DECEDENT

DECEASED — NAME: First WILLIAM Middle ROY Last EVANS, Sr.

DATE OF DEATH (month, day, year): 2 August 27, 1986

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

SEX: 4 Male

AGE — Last birthday (years): 5a 83

Under 1 year: 5b mos. / days

Under 1 day: 5c hours / min.

DATE OF BIRTH (month, day, year): 6 June 23, 1903

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

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

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

COUNTY OF DEATH: 7d Klamath

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

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

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

SPOUSE (IF MARRIED, WIDOWED): 11 Lelah Evans

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): 12 No

SOCIAL SECURITY NUMBER: 13 541-09-8612

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Secretary / Retired 21388

KIND OF BUSINESS OR INDUSTRY: 14b Musicians Union

RESIDENCE — STATE: 15a Oregon

COUNTY: 15b Klamath

CITY, TOWN OR LOCATION: 15c Klamath Falls 13

STREET AND NUMBER OR R.F.D.: 15d 2044 Vine

ZIP: 97601

Inside City Limits (specify yes or no): 15e Yes

FATHER — NAME first middle last: 16 Harry Evans

MOTHER — first middle last (Maiden Name): 17 Mattie Glass

INFORMANT — NAME and relationship to deceased: 18 Lelah Evans / Wife

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 19a Cremation

CEMETERY OR CREMATORY — NAME: 19b Eternal Hills Memorial Gardens

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

FUNERAL SERVICE LICENSEE or person acting as such (Signature): 20a Russell E. Ward

NAME AND ADDRESS OF FACILITY: 20b Ward's Funeral Home / 1945 Main St./Klamath Falls, Ore.

1 2 R2 3

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): David Reeder MD

DATE SIGNED (Mo., Day, Year): 21b 8-27-86

HOUR OF DEATH: 21c 11:00 A. M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 21d David Reeder, MD / 2301 Mt. View Blvd. / Klamath Falls, Oregon ZIP 97601

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

DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 22a August 29, 1986

REGISTRAR: 22b (Signature) Katherine E. Crawford

CAUSE OF DEATH

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

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

(a) CARCINOMA OF RECTUM. — Interval between onset and death: 2½ YRS.

DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c)

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

AUTOPSY (Specify Yes or No): 24 No

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

1541

5 6

ACCIDENT (Specify Yes or No): 26a No

DATE OF INJURY (Mo., Day, Year): 26b

HOUR OF INJURY: 26c M

DESCRIBE HOW INJURY occurred: 26d

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

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

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

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES☐ NO☐ N/A☐ "not available"

WAS GIFT MADE? YES☐ NO☐ N/A☐

RESERVED FOR REGISTRAR'S USE

45-2 Rev. 1-86

ORIGINAL—VITAL STATISTICS COPY

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 SEP 30 1987

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

WARNING: ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lelah Evans on the 5th day of October A.D., 19 87 at 12:34 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 18028.

Evelyn Biehn, County Clerk
By

FEE $5.00
Ret: Lelah Evans 2044 Vine, Klamath Falls, Oregon 97601