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25332 ID TAG NO.

442 Local File Number

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

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

DECEASED — NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 CLINTON	GEORGE	WILLIAMS	2 November 18, 1987

RACE White, Black, American Indian, etc. (specify)	SEX	AGE — Last Birthday (years)	Under 1 year: mos / days	Under 1 day: hours / min	DATE OF BIRTH (month, day, year)
3 White	4 Male	5a 92	5b	5c	6 November 22, 1894

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify)	COUNTY OF DEATH
7a Klamath Falls	7b Merle West Medical Center	7c Inpatient	7d Klamath

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)
8 Nebraska	9 U.S.A.	10 Widowed	11 Dora	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 541-12-5094	14a Carpenter	14b Construction

RESIDENCE — STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.	ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Klamath Falls	15d 715 Owens	97601	15e Yes

FATHER — NAME first middle last	MOTHER — first middle last (Maiden Name)	INFORMANT — NAME and relationship to deceased
16 Jarvis - Williams	17 Mary - Burbank	18 Rolland Williams - Son

DISPOSITION

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY — NAME	LOCATION city or town, state
19a Burial	19b Eternal Hills Memorial Gardens	19c Klamath Falls, Or.

FUNERAL SERVICE LICENSEE or person acting as such (Signature)	NAME AND ADDRESS OF FACILITY
20a Jim Lancaster	20b WARD'S - 1945 Main - Klamath Falls, Oregon - 97601

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)	DATE SIGNED (Mo. Day, Year)	HOUR OF DEATH
Kenneth Klooper	21b 11-19-87	21c 1445 M

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21d Kenneth K. Maclee, MD - 1900 Main St. - Klamath Falls, Or. 97601 ZIP

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

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	REGISTRAR
22a NOV 23 1987	22b (Signature) Michelle Botliff

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).)

		Interval between onset and death
PART I (a)	Respiratory arrest	minutes
DUE TO, OR AS A CONSEQUENCE OF: (b)	Cerebral Vascular Accident - CVA	Interval between onset and death: 3-4 days
DUE TO, OR AS A CONSEQUENCE OF: (c)	Generalized atherosclerosis - ASHD	Interval between onset and death: many years
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)		

AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
24 No	25 No

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a No	26b	26c M	26d

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	STATE
26e	26f	26g		

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐

WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 8-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 23 1987

Marian G. Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Security Printing Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rolland Williams the 30th day of November A.D., 19 87 at 9:29 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 21427.

Evelyn Biehn, County Clerk

FEE $5.00

By Ann Smith

Ret: Rolland Williams 2029 Garden St., Klamath Falls, Oregon 97601