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

B-3461 ID TAG NO.

283 Local File Number

State File Number

CERTIFICATE OF DEATH

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

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Harold; Middle: E.; Last: WADDELL
2 DATE OF DEATH (month, day, year): July 29, 1987
3 RACE White, Black, American Indian, etc. (Specify): White
4 SEX: Male
5a AGE — Last birthday (years): 70
5b Under 1 year: mos.
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): March 12, 1917
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle 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): Maxine Harwood
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13 SOCIAL SECURITY NUMBER: 011-14-0985
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tax Accountant
14b KIND OF BUSINESS OR INDUSTRY: Corporation
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 7065 Old Midland Road ZIP 97603
15e Inside City Limits (Specify yes or no): No
16 FATHER — NAME first middle last: John Leonard Waddell
17 MOTHER — first middle last (Maiden Name): Maude Millicent Lacey
18 INFORMANT — NAME and relationship to deceased: Maxine E. Waddell, 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 976
20 FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport
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
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]
21b DATE SIGNED (Mo., Day, Year): July 29, 1987
21c HOUR OF DEATH: 4:34 A M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Dave Seeley, MD, 905 Main Street, Klamath Falls, Oregon ZIP 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 30 1987
22b REGISTRAR (Signature): Michelle Batliff

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) SUDDEN DEATH — PROBABLE VENTRICULAR — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) Arrhythmia — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (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): COPD — moderate
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, Year):
26c HOUR OF INJURY: M
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):
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 ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

43-2 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 20 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

$5.00 CK.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 8th day of December A.D., 19 87 at 11:34 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 22003.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00

Ret: Maxine E. Waddell 7065 Old Midland Rd., Klamath Falls, Oregon 97603