# OREGON STATE HEALTH DIVISION
## VITAL STATISTICS SECTION

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STATE OF OREGON—STATE HEALTH DIVISION '77-009114
Vital Statistics Section

814 (Local File Number) — CERTIFICATE OF DEATH — (State File Number)

| | | | | | |
|---|---|---|---|---|---|
| 1 DECEASED—NAME: First DELBERT | Middle EVERETT | Last WHITELEY | | 2 DATE OF DEATH (month, day, year): June 23, 1977 | |
| 3 RACE (White, Negro, American Indian, etc. (specify)): White | 4 SEX: Male | 5a AGE—last birthday (years): 43 | Under 1 year: 5b mos. / 5c days | Under 1 day: 5d hours / 5e min. | 6 DATE OF BIRTH (month, day, year): June 24, 1933 |
| 7a COUNTY OF DEATH: Lane | 7b CITY, TOWN, OR LOCATION OF DEATH: Marcola | 7c Inside City Limits (specify yes or no): Yes | 7d HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number): 2900 Mohawk | | |
| 8 STATE OF BIRTH (If not in U.S.A., name of country): Oregon | 9 CITIZEN OF WHAT COUNTRY: US | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married | 11 NAME OF SPOUSE: Edith Lucille Whiteley | | |
| 12 SOCIAL SECURITY NUMBER: 543-34-2610 | 13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Loading Engineer | 13b KIND OF BUSINESS OR INDUSTRY: Logging | | | |
| 14a RESIDENCE—STATE: Oregon | 14b COUNTY: Lane | 14c CITY, TOWN, OR LOCATION: Springfield | 14d Inside City Limits (specify yes or no): yes | 14e STREET AND NUMBER OR RFD: 91439 Donna Road | |
| 15 FATHER—NAME first, middle, last: Wallace Whiteley | 16 MOTHER—Maiden Name first, middle, last: Hazel Abbott | 17 INFORMANT—Name and relationship to deceased: Edith L. Whiteley Wife | | | |

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — Approximate interval between onset and death

18 Immediate Cause: (a) Coronary arteriosclerosis
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last: due to, or as a consequence of: (b) ; due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) — 19a AUTOPSY (yes or no): Yes — 19b IF YES were findings considered in determining cause of death: Yes

| 20a DATE OF INJURY (month, day, year) | 20b HOUR | 20c HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) |
|---|---|---|
| No injury | | |

| 20d INJURY AT WORK (specify yes or no) | 20e PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)) | 20f LOCATION (street or R.F.D. No., city or town, county, state) |
|---|---|---|
| | | |

INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

| 21a DEATH OCCURRED (hour) | 21b THE DECEDENT WAS PRONOUNCED DEAD (month / day / year / hour) | 21c FROM: Natural Causes [x] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ] |
|---|---|---|
| 1215 M. | June 23, 1977 1215 M. | |

| 22a CERTIFIER—SIGNATURE | 22b NAME (type or print) / Degree or Title |
|---|---|
| Edward F Wilson | Edward F. Wilson, M.D. |

| 23 MEDICAL INVESTIGATOR: FOR COUNTY | DATE SIGNED (month, day, year) |
|---|---|
| Lane | JUNE 29, 1977 |

| 24a DURIAL, CREMATION, REMOVAL, MAUS (specify) | 24b CEMETERY OR CREMATORY—NAME | 24c LOCATION city or town | state | 24d DATE (month, day, year) |
|---|---|---|---|---|
| Burial | Springfield Memorial G | Springfield | OR. | 6-27-77 |

| 25a FUNERAL DIRECTOR—SIGNATURE | 25b FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) |
|---|---|
| Burns & Fredericksen | Burns & Fredericksen Funeral Home 112 NORTH "A" St. SPRINGFIELD, OR. |

| 26a REGISTRAR—SIGNATURE | 26b DATE RECEIVED BY LOCAL REGISTRAR | 27 DATE RECEIVED BY STATE REGISTRAR |
|---|---|---|
| Lark Longtin, Deputy | June 29, 1977 | JUL 5 1977 |

28 RESERVED FOR REGISTRAR'S USE

VS-107 REV. - 2-73 — ORIGINAL—VITAL STATISTICS COPY

'88 FEB 17 PM 3 32

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 FEB 08 1988

Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of February A.D., 19 88 at 3:32 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 2299.

Evelyn Biehn, County Clerk
By _____

FEE $5.00

Ret: Wallace Whiteley 4475 Daisy, #5, Springfield, Oregon 97478