

## CERTIFICATION OF VITAL RECORD

Vital Records Unit  
CERTIFICATE OF DEATH

1. DECEDENT'S NAME First: <u>Roy</u> Middle: <u>Lester</u> Last: <u>WIGELSWORTH</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 6, 1988</u>
4. SOCIAL SECURITY NUMBER <u>564-40-0317</u>		5a. UNDER 1 YEAR Mo: <u>54</u> Days: <u>54</u> Hours: <u>54</u> Mins: <u>54</u>	5b. UNDER 1 DAY Mo: <u>54</u> Days: <u>54</u> Hours: <u>54</u> Mins: <u>54</u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Bakersfield, Calif.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>April 23, 1934</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not in town, give street and number) <u>HC 30, Box 88 C</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Chiloquin</u>	
9d. COUNTY OF DEATH <u>Klamath</u>		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retrospect.) <u>Computer Technician</u>	
10a. KIND OF BUSINESS/INDUSTRY <u>Telephone Repair</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Linda M.</u>		13. RESIDENCE - STATE <u>Oregon</u> COUNTY <u>Klamath</u> CITY, TOWN, OR LOCATION <u>Chiloquin</u> STREET AND NUMBER <u>HC 30, Box 88-C</u>	
13a. INSIDE CITY ZIP CODE <u>97624</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <u>11</u> College (1-4 or 5+) <u>11</u>	
17. FATHER - NAME first middle last <u>Robert - Wigelsworth</u>		18. MOTHER - NAME first middle maiden <u>Rose - Bissenett</u>	
19. INFORMANT - NAME and relationship to deceased <u>Linda Mae Wigelsworth, wife</u>		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Final disposition: State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>Klamath Memorial Park</u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Falls, Oregon</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3287</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel 97601</u> <u>515 Pine St., Klamath Falls, Ore.</u>		23. TIME OF DEATH <u>12:01 AM</u>	
24. DATE SIGNED (Month, Day, Year) <u>June 8, 1988</u>		25. DATE PROHOUNCED DEAD (Month, Day, Year, Hour) <u>June 6, 1988 12:30 AM</u>	
26. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>William A. Bartlett, M.E. 2300 Clairmont Street, Klamath Falls, Ore. 97601</u>		27. DATE SIGNED (Month, Day, Year) <u>June 8, 1988</u>	
28. COUNTY <u>Klamath</u>		29. DATE SIGNED (Month, Day, Year) <u>June 8, 1988</u>	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>William A. Bartlett, M.E. 2300 Clairmont Street, Klamath Falls, Ore. 97601</u>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>William A. Bartlett, M.E. 2300 Clairmont Street, Klamath Falls, Ore. 97601</u>	
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. (a) <u>Single 22 Cal. gunshot wound to lower left abdomen</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Due to, or as a consequence of:</u> (c) <u>Other significant conditions contributing to death but not related to cause given in PART I (a)</u>			
33. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
34. If YES were findings considered in determining cause of death?			
35. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Under a medical <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined			
36. DATE OF INJURY (Month, Day, Year) <u>June 5, 1988</u>			
37. TIME OF INJURY <u>10:30 AM</u>			
38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. DESCRIBE HOW INJURY OCCURRED <u>Single 22 Cal. gunshot wound to lower left abdomen</u>			
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>Residence</u>			
41. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>HC 30, Box 88-C, Chiloquin, Ore.</u>			
42. REGISTRAR'S SIGNATURE <u>Nancy Beardsley</u>			
43. DATE FILED (Month, Day, Year) <u>JUN 07 1988</u>			
44. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMIC GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
45. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE			

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45-2 REV. 1-88

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

DATE ISSUED JUN 13 1988Marian Ackerman  
CLERK  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Linda M. Wigelsworth the 28th day of July A.D. 1988 at 9:58 o'clock A.M., and duly recorded in Vol. M88 of Deeds on Page 12018

FEE: \$8.00

Return: Linda M. Wigelsworth  
HC 30, Box 88-C, Chiloquin, Or. 97624

Evelyn Biehn County Clerk

By Pauline Muelken