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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

MTC 21107C

CERTIFICATE OF DEATH

82-005929

Vital Records Unit

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

Local File Number: 126

State File Number:

DECEDENT

1. DECEASED—NAME: First: Willie; Middle: A.; Last: Parr
2. DATE OF DEATH (month, day, year): April 12, 1982
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last Birthday (years): 84
5b. Under 1 year: months
5c. Under 1 day: hours, minutes
6. DATE OF BIRTH (month, day, year): October 7, 1897
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, Clinic, Res., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Ellen Parr
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 445-05-5749
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer
14b. KIND OF BUSINESS OR INDUSTRY: Lumber
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 2162 Radcliffe St. 97601
15e. Inside City Limits (specify yes or no): Yes
16. FATHER—NAME first middle last: Parr
17. MOTHER—Maiden Name first middle last: Ballie
18. INFORMANT—NAME and relationship to deceased: William Parr, Son

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUSL (specify): Mausoleum
19b. CEMETERY OR CREMATORY—NAME: Haven of Rest Mausoleum
19c. LOCATION city or town state: Klamath Falls, Oregon
20. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): [signature]
NAME AND ADDRESS OF FACILITY: Blair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

CERTIFIER

21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): [signature] MD
21b. DATE SIGNED (Mo., Day, Yr.): 4/12/82
21c. HOUR OF DEATH: 5:01 A. M
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Dave Geeley M.D., Medical Dental Bld., Klamath Falls, Oregon 97601
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
23. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 13 1982
24. REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) (a) AND (b).
PART I (a) ACUTE INF MI — Interval between onset and death: 2 days
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).
CVI & Senile dementia - mild.
26. AUTOPSY (Specify Yes or No): No
27. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
28. ACCIDENT (Specify Yes or No)
29. DATE OF INJURY (Mo., Day, Yr.)
30. HOUR OF INJURY
31. DESCRIBE HOW INJURY OCCURRED
32. INJURY AT WORK (Specify Yes or No)
33. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34. LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

410X

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 MAR 30 1989

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

RETURN: MTC

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain TItle Co. the 21st day of March A.D., 19 89 at 3:21 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 4738.

Evelyn Biehn, County Clerk

FEE $8.00

By [signature]