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DATE: 7/30/86
18926
ID TAG NO.
168
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

1 DECEASED — NAME — First: CLAUDE — Middle: CLARK — Last: WORLEY

2 DATE OF DEATH (month, day, year): May 2, 1986

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE — Last Birthday (years): 74

5b Under 1 year — mos. / days

5c Under 1 day — hours / min.

6 DATE OF BIRTH (month, day, year): April 27, 1912

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): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Oklahoma

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Bonnie

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 543 - 10 - 1047

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 1100 Mitchell — ZIP: 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: Daniel Worley

17 MOTHER — (first middle last (Maiden Name)): Mabel Mann

18 INFORMANT — NAME and relationship to deceased: Bonnie Worley - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Reid

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

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): F. Geoffrey Marx MD

21b DATE SIGNED (Mo., Day, Year): 5/5/86

21c HOUR OF DEATH: 12:00 P M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, MD / 2614 Clover / Klamath Falls, Oregon / 97601 ZIP

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAY 7 1986

22b REGISTRAR (Signature): Darlene E. Cranick

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) Pneumonia — Interval between onset and death: 1wk

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: — 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, CVD, Renal insuff, TB

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Special) Yes or No): NO

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

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. 1-86

After recording return to: Bonnie T. Worley 3140 Maryland Klamath Falls OR 97603

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E. Cranick Deputy Registrar

Date May 12, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

'89 JUL 20 PM 2 59

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 20th day of July A.D., 19 89 at 2:59 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 13278.

Evelyn Biehn - County Clerk

FEE $8.00

By Darlene Mullendore