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HANDBOOK

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

DECEDENT	NAME — First Middle Initial	SEX	AGE — Last Birthday/Year	Under 1 year mo. days	Under 1 day hours min.	DATE OF DEATH (month, day, year)
	CLAUDE	CLARK	WORLEY			May 2, 1986
	RACE/White, Black, American Indian, etc. (Specify)	SEX	AGE — Last Birthday/Year	Under 1 year mo. days	Under 1 day hours min.	DATE OF BIRTH (month, day, year)
	White, Black, American Indian, etc.	Male	58 1 74			April 27, 1912
	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION — NAME (If not in other, give street and number)			IF HOSP. OR INST. Indicate DOA OP/Emer. Rm.: Inpatient /specific/	
	Klamath Falls	7b. Klamath West Medical Center			Inpatient	
	STATE OF BIRTH (If not in U.S.A. (name & country))	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	SPOUSE (If MARRIED, WIDOWED)	COUNTY OF DEATH
	Oklahoma	U.S.A.		Married	Bonnie	Klamath
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY	
	13 543 - 10 - 1047	Laborer — Retired			Lumber Mill	
	RESIDENCE — STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP 97601 Inside City Limits (specify yes or no)
	Oregon	15b. Klamath	Klamath Falls	19d. 1100 Mitchell		Yes
	FATHER — NAME	first middle last	MOTHER — first middle last	(Maiden Name)		INFORMANT — NAME and relationship to deceased
	Daniel Worley		Mabel Mann			Bonnie Worley - Wife
	BURIAL, CREMATION, REMOVAL, MAUL (Specify)	CEMETERY OR CREMATORIUM — NAME			LOCATION city or town	state
	Burial	19b. Klamath Memorial Park			19c. Klamath Falls, Or.	
	FUNERAL SERVICE LICENSEE or person acting as such (Signature)					
	20b. WARD S - 1945 Main - Klamath Falls, Ore. - 97601					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.					
	21b. (Signature)					
	21c. DATE SIGNED (Mo. Day, Year) 5/5/86 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					
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
	22a. DATE RECEIVED BY REGISTRAR (Mo. Day, Year) MAY 7, 1986 REGISTRAR Marian E. Clauke					
	22b. (Signature)					
	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))					
	PART I (a) Pneumonia Interval between onset and death					
	PART I (b) DUE TO, OR AS A CONSEQUENCE OF					
	PART I (c) DUE TO, OR AS A CONSEQUENCE OF					
	PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) AUTOPSY (Specify Yes or No) WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
	ACCIDENT (Specify Yes or No) DATE OF INJURY (Mo. Day, Year) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED					
	26a. NO 26b. 26c. M 26d.					
	INJURY AT WORK (Specify Yes or No) PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE					
	26e. NO 26f. 26g.					
	DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? WAS GIFT MADE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
	RESERVED FOR REGISTRAR'S USE					

ORIGINAL VITAL STATISTICS COPY

45-2 Rev. 1-86

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By **Marian E. Clauke**, Deputy RegistrarDate **May 7, 1986**

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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

By **Evelyn Biehn - County Clerk**By **Pauline Millennium**

FEE \$8.00