STATE OF OREGON COUNTY OF KLAMATH RECORDS

MIC-21276K

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

21048 — I.D. TAG NO.
187 — Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

88-009580 — 136- — State File Number

1. DECEDENT'S NAME: First: William; Middle: Earl; Last: NIDEVER
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 25, 1988
4. SOCIAL SECURITY NUMBER: 540-03-0371
5a. AGE - Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Noble, Arkansas
7. DATE OF BIRTH (Month, Day, Year): March 3, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3415 Crest Street, Space # 14
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Plainer Chain operator
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Eleanor I.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3415 Crest Street, Space # 14
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):
17. FATHER - NAME first middle last: William - Nidever
18. MOTHER - NAME first middle maiden: Ellen - Wilson
19. INFORMANT - NAME and relationship to deceased: Eleanor I. Nidever, wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Ford
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601, 515 Pine St., Klamath Falls, Ore.

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH:
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 4:00 A.M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 25, 1988 9:30 A.M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) James N. Beggs MD
29. DATE SIGNED (Month, Day, Year): May 25, 1988
COUNTY: Klamath

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER / MEDICAL EXAMINER (Type or Print): Dr. James N. Beggs, M.E., 2300 Clairmont Street, Klamath Falls, Ore. 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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.
PART I
(a) Probable Arrhythmia — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Presumed sleep apnea — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death? ☐ Yes ☐ No

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year):
36b. TIME OF INJURY:
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED:
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED (Month, Day, Year): MAY 26 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
RESERVED FOR REGISTRAR'S USE:

1847

RETURN: MTC

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 AUG 22 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. of Aug. A.D., 19 89 at 2:37 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 15826.

FEE $8.00

Evelyn Biehn - County Clerk
By Pauline Muellenlow