

0900914034 NOTC 234779

14197 B 2583  
ID TAG NO.  
488  
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

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

POSITION

CERTIFIER

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

CAUSE OF DEATH

4  
5  
6

90 APR 30 AM 11 56

DECEASED - NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
Larry Joseph WILLIAMS					2 December 29, 1986	
1 RACE White, Black, American Indian, etc. (Specify)		2 SEX	AGE - Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male	5a 45		6 May 8, 1941	
7a Klamath Falls		7b Merle West Medical Center			7c Inpatient	
8 Oregon		9 U.S.A.		10 Married		11 Lynita C. Williams
12 No		13 545-56-8223		14a Lathe Operator		14b Lumber
15a Oregon		15b Klamath	15c Klamath Falls		15d 3641 Emerald St.	15e No
16 Joseph - Williams		17 Constance - Lyons			18 Lynita C. Williams, Wife	
19a Cremation		19b Klamath Cremation Service			19c Klamath Falls, Ore.	
20a Jon G. McKellar, M.D.		20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or.				
21a Jon G. McKellar, M.D.		21b December 30, 1986			21c 8:18 P.	
22a December 31, 1986		22b Signature - M. E. Craun				
23 IMMEDIATE CAUSE		24 AUTOPSY			25 WAS MEDICAL EXAMINER NOTIFIED	
(a) Asphyxia		Yes			Yes	
(b) Myocardial Infarction						
(c) Sudden progressive pulmonary fibrosis						
26a INJURY AT WORK		26b PLACE OF INJURY	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		
26e DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		26f WAS GIFT MADE?				
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				

ORIGINAL-VITAL STATISTICS COPY Return to -  
Lynita Shufelt  
4321 Maplewood Dr  
KF 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.



MARIAN ACKERMAN, Registrar Vital Statistics  
By M. E. Craun, Deputy Registrar  
Date December 31, 1986  
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 30th day  
of April A.D., 19 90 at 11:56 o'clock A.M., and duly recorded in Vol. M90  
of Deeds on Page 8021  
Evelyn Biehn - County Clerk  
By Caroline Mullendore

FEE \$8.00