11110		TATE HEALTH DIVIS NT OF HUMAN SERV al Records Unit	CES	
4/88 Local File Number		ICATE OF DEAT	H Stat	te File Number
DECEASED - NAME First		WILLIAMS		mber 29, 1986
RACE White, Black, American Indian, etc.	Joseph SEX AGE-Laste	urthday(years) Under 1 year	Under 1 day DATE OF B	BIRTH (month, day, year)
(specify) 3 White	Male 5a 45		Sc 6 May	8, 1941
CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUT		OP/Emer. Rm., Inpatient (spec	7d Klamath
78 Klamath Falls	I. MANIA WAST WE	RIED, NEVER MARRIED, 5	POUSE (IF MARRIED, WIDOWE	D) WAS DECEDENT EVER IN U
name country) 8 Oregon 3	TISA 10	Married	Lynita C. Willian	ns 12 No
SOCIAL SECURITY NUMBER	working life, even if retired)	nd of work done during most of	14b Lumber	
13 545-56-8223 RESIDENCE — STATE COU	14a Lathe Operat	OR LOCATION STREET	AND NUMBER OR R.F.D.	97603 Inside City
MESIDENCE - GIANT	Klamath scKlama		41 Emerald St.	15e NO
FATHER - NAME first middle	last MOTHER — first m		18 Lynita C.	
Joseph - Williams	17 Constainment of Constainment of Constainment of Chematory - Name	nce - Lyons	LOCATION	
REMOVAL MAUS. (Specify)	. Vlomoth Crematio	n Service	19c Kl	amath Falls, Ore.
FUNERAL SERVICE LICENSEE or POP	String as such NAME AND ADD	RESS OF FACILITY	Inc. 515 Pine	St., Klamath Fall
20a Multu SA	Q'Hair's	DATE SIG	NED (Mo., Day, Year)	I HOOK OF DEATH
To ine best of my knowledge, dead due to the causers erated	ath occurred atms true, date and place	M.D. 216 Dec	ember 30, 1986	21c 8:18 P. M
NAME, TITLE AND ADDRESS O			Vlomoth Follo C	nr ^{ZIP:} 97601
NAME, TITLE AND ADDRESS OF	ellar, M.D., 2300	Clairmont St.,	Kiamath Fans, C	71e. 0.002
NAME OF ATTENDING PHYSIC	CIAN IF OTHER THAN CERTIFIER (Ty	pe or Printy		
DATE RECEIVED BY REGISTRAR (MO.	Day, Year) REGISTRAR		0	. /
1/2 / 8/		- xartueni	E. Crans	ne do
23 IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER	LINE FOR (a), (b) AND (c).		Interval between onset an
PART (a) ASSUDT	alm		<u> </u>	Interval between onset as
DUE TO, OR AS A CONSEQUENCE	E OF:			1 ~ .
1 (1) The co	la mara			Interval between onset a
DUE TO, OR AS A CONSEQUENCE		\sim $^{\circ}$	$\rho: \mathcal{A}$	com of ma
PART OTHER SIGNIFICANT CONDITION	Oroganians Antroputing to death	but not related to cause given in P.	ARTI(a) AUTOPSY (Specify Y	'es WAS MEDICAL EXAMINER
II OTHERSIGNIFICANT CONDITIO	7 0	9	24 163	(Specify Yes of No) Yes
ACCIDENT (Specify Yes of No) DATE C	FINJURY (Mo., Day, Year) HOUR OF	INJURY DESCRIBE HO	W INJURY OCCURRED	
26a 26b	26c	M 26d	STREET OR R.F.D. NO.	CITY OR TOWN STATE
(Specify Yes of No) office but	OF INJURY — At home, farm, street, failding, etc. (Specify)	26g	_	
268 261 DID HOSPITAL REPRESENTATIVE MA	WE REQUEST FOR ANATOMICAL GIF	T CONSENT? WAS	GIFT MADE?	
YES NO NA NA	AL BLOOLS (VIII)	YES D	DAM DON E	
RESERVED FOR REGISTRAR'S USE				
		· MITAL OTATIOTICS	COPY Return	Ja
	ORIGINA	T-Allyr Stytistics	sur Recurs	s shufelt naplewood 1 97603
والمحموضيفية المتعارب الماكانيات	والمناف والمنا		11371	nadewood
TATE OF ORE	EGON		1/5	97603
OTTOTAL OF ICT	· AMATH		• •	*
This cortities that	the totakonna 12 a	correct and com	plete transcript	t of a record
of death on file wit	h the <u>Klamath Count</u>	ty Department of	health Services	<u>s</u> .
	MADTA	N ACKERMAN Regi	strar Vital Stat	tistics
	フル PIARTAI	. AURIMIENT, NUGI		
		There E	Craun L. Depr	uty Regisrtar
	By RZ			
SEAL	By By	10 F. 3	1. 1986	
SEAL	By Date VOID IF		1, 1966	
	VOID IF	ALTERED	PARTMENT OF HEAL!	TH SERVICES
SEAL OT VALID WITHOUT A RAT	VOID IF	ALTERED	PARTMENT OF HEAL	TH SERVICES
or valid without a rat	VOID IF	ALTERED	ARTMENT OF HEAL'	TH SERVICES
	VOID IF	ALTERED	PARTMENT OF HEAL	TH SERVICES
OT VALID WITHOUT A RAT	VOID IF	ALTERED AMATH COUNTY DES	the	e <u>30th</u>
OT VALID WITHOUT A RAI	VOID IF	ALTERED AMATH COUNTY DEF 1e Co	the	e <u>30th</u> ed in Vol. <u>M90</u>
OT VALID WITHOUT A RAI STATE OF OREGON: COUN Filed for record at request of April	VOID IF	ALTERED AMATH COUNTY DEF 1e Co. 156 o'clock A	the	e <u>30th</u> ed in Vol. <u>M90</u>