

18358

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CERTIFICATE OF DEATH

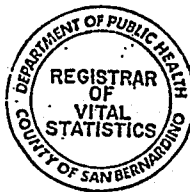
3600 87-273716

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
William		Henry		Walthall	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Male		White		February 12, 1928	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		7. AGE	
OK		Elmer C. Walthall - MO		56 YEARS	
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
U.S.A.		500-20-9850		Married	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Welder		35		Boilermakers Union #92	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS	
Eva L. Lenham - MO		Clara A. Perron		Union	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
17333 Valley, Sp. #26				Fontana	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Bernardino		CA		Mrs. Clara A. Walthall - wife	
21A. PLACE OF DEATH		21B. COUNTY		17333 Valley, Sp. #26	
Residence		San Bernardino		Fontana, CA 92335	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
17333 Valley Blvd., Sp # 26		Fontana			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					
IMMEDIATE CAUSE					
(A) PANCREATIC CARCINOMA					
DUE TO, OR AS A CONSEQUENCE OF					
(B) —					
DUE TO, OR AS A CONSEQUENCE OF					
(C) —					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A					
PULMONARY EMPHYSEMA					
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
Liver Biopsy					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE					
Charles D. Loo, M.D.					
28C. DATE SIGNED					
3-6-84					
28D. PHYSICIAN'S LICENSE NUMBER					
G 24870					
28E. TYPE PHYSICIAN'S NAME AND ADDRESS					
Charles D. Loo, M.D., 8460 Nuevo Ave., Fontana					
29. SPECIFY ACCIDENT, SUICIDE, ETC.					
30. PLACE OF INJURY					
31. INJURY AT WORK					
32A. DATE OF INJURY—MONTH, DAY, YEAR					
32B. HOUR					
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)					
35B. CORONER—SIGNATURE AND DEGREE OR TITLE					
35C. DATE SIGNED					
36. DISPOSITION					
Burial					
37. DATE—MONTH, DAY, YEAR					
3-6-1984					
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY					
Forest Lawn Memorial Park					
21300 Via Verde, Covina					
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE					
#6504 Roger C. Christensen					
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)					
Forest Lawn Mortuary, Covina					
40B. LICENSE NO.					
1150					
41. LOCAL REGISTRAR—SIGNATURE					
George R. Pettersen					
42. DATE ACCEPTED BY LOCAL REGISTRAR					
March 16, 1984					
STATE REGISTRAR					
VS-11 (7-83)					

This must be in red to be a "CERTIFIED COPY" * * * * *

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN
RED,

George R. Pettersen, M.D.
GEORGE R. PETTERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James H. & Donna R. Wells the 1st day
of Aug. A.D., 19 90 at 12:03 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 15369

FEE \$8.00

Return: Donna R. Wells

2311 Pine Grove Rd., Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By Pauline Mullendore