

32010

JUL 12 07

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## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit082576  
I.D. TAG NO.

Local File Number

CERTIFICATE OF DEATH

136-

State File Number

1 DECEASED'S NAME <b>Verner Williams</b>		2 SEX <b>M</b>		3 DATE OF DEATH (Month, Day, Year) <b>February 8, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>475-14-0247</b>		5a AGE - Last Birthday (Years) <b>79</b>		6 BIRTHPLACE (City and State or Foreign) <b>Hopkins, MN</b>	
7a WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		8 DATE OF BIRTH (Month, Day, Year) <b>December 28, 1911</b>	
9 FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		10a DECEASED'S USUAL OCCUPATION (Do not use retired) <b>Letter Carrier</b>		10b KIND OF BUSINESS/INDUSTRY <b>U. S. Postal Service</b>	
11 RESIDENCE - STATE <b>Oregon</b>		12 CITY, TOWN, OR LOCATION <b>Bonanza</b>		13 STREET AND NUMBER <b>Rt 2 Box 330</b>	
14 INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 ZIP CODE <b>97623</b>		16 RACE (Specify) <b>White</b>	
17 FATHER - NAME first middle last <b>Gus Williams</b>		18 MOTHER - NAME first middle last <b>Hilda Johnson</b>		19 INFORMANT - Name and relationship to deceased <b>Edith F. Williams, wife</b>	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Bonanza Memorial Park Cemetery</b>		20c LOCATION - City or Town, State <b>Bonanza, OR 97623</b>	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (OF License) <b>53-0124</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
23 DATE FILED (Month, Day, Year) <b>FEB 12 1991</b>		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26 TO BE COMPLETED BY CERTIFYING PHYSICIAN 27 TIME OF DEATH <b>1630 P M</b>		28 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a TIME OF DEATH <b>M</b>		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		33 DATE SIGNED (Month, Day, Year) <b>February 11, 1991</b>	
30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601</b>		34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest	
36 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Tamoxifen toxicity - previous therapy</b>		40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year)	
41b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42 LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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FEB 12 1991

DATE ISSUED

AFTER RECORDED RETURN TO:  
Vicki Kasper  
2088 Macgregor Lane  
Medford, OR 97501

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 16th day  
of July A.D., 1991 at 12:07 o'clock P.M., and duly recorded in Vol. M91  
of Deeds on Page 13871  
By Evelyn Biehn County Clerk  
By [Signature]

FEE \$8.00

Return: MTC