54050 '92 NOV 17 PM 2 59

B 2587
ID TAG NO.

8
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol M92 Page 27279

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

	First	Middle	Last
1 DECEASED — NAME	Wallace	Steven	McBRIDE

2 DATE OF DEATH (month, day, year): January 5, 1987

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 86

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): November 5, 1900

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mt. View Care Center

7c IF HOSP. OR INST. Indicate DOA, CP/Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Virginia

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): LaVera McBride

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 700-14-0476

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Agent & Telegrapher

14b KIND OF BUSINESS OR INDUSTRY: So. Pacific Railroad

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4330 Arthur St. ZIP: 97603

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: Wiley E. McBride

17 MOTHER — first middle last (Maiden Name): Eliza - Ragan

18 INFORMANT — NAME and relationship to deceased: LaVera McBride, Wife

DISPOSITION

1 ____
2 ____
3 ____

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): January 7, 1987

21c HOUR OF DEATH: 6:00 P. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Craig A. Bennett, M.D., 1905 Main St., Klamath Falls, Ore. ZIP: 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): January 6, 1987

22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

4 ____
5 ____
6 ____

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) Cardiac arrest — Interval between onset and death: Minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Alzheimers disease — Interval between onset and death: ± 8 years

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 I (a)

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Year)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev. 6-8

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

SEAL

By [signature], Deputy Regisrtar

Date January 6, 1987

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 17th day of Nov. A.D., 19 92 at 2:59 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 27279.

FEE $10.00

Evelyn Biehn · County Clerk

By [signature]

Return: Donald M. McBride
400 E. Day School Rd., Chiloquin, Or. 97624