

57806

93 FEB 23 AM 11 30

Vol. 93 Page 3725

## CERTIFICATION OF VITAL RECORD

094354  
I.D. TAG NO.  
082

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136  
CERTIFICATE OF DEATH

Local File Number  
State File Number

1. DECEDENT'S NAME  
First Joe Middle Henry Last WILLIAMS

2. SEX  
Male

3. DATE OF DEATH (Month, Day, Year)  
February 16, 1993

4. SOCIAL SECURITY NUMBER  
241-68-0510

5a. AGE Last Birthday (Years)  
46

5b. Under 1 Year  
Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign)  
Boone, NC

7. DATE OF BIRTH (Month, Day, Year)  
March 17, 1946

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?  
☒ Yes ☐ No

9a. PLACE OF DEATH (Check only one)  
☐ Hospital ☐ Inpatient ☐ Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. CITY, TOWN, OR LOCATION OF DEATH  
Klamath Falls

9c. COUNTY OF DEATH  
Klamath

10a. DECEDENT'S USUAL OCCUPATION  
(Give kind of work done during most of working life. Do not use retired)  
Automobile Parts Sales

10b. KIND OF BUSINESS/INDUSTRY  
Automobile Retail Repair Sales Parts

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)  
Married

12. SPOUSE (If Married, Widowed)  
Mary Alice Williams

13a. RESIDENCE - STATE  
Oregon

13b. COUNTY  
Klamath

13c. CITY, TOWN OR LOCATION  
Klamath Falls

13d. STREET AND NUMBER  
1224 Tamera Street

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify)  
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed)  
Elementary/Secondary (0 12) College (1 4 or 5 +)  
12

17. FATHER - NAME first middle last  
James Clyde Williams

18. MOTHER - NAME first middle maiden  
Josephine Hodges

19. INFORMANT - NAME and relationship to decedent  
Mary Alice Williams Spouse

20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
Klamath Cremation Service

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State

20b. Donation ☐ Other (Specify)

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  
James W. Pigo

21b. DATE FILED (Month, Day, Year)  
FEB 19 1993

22. LICENSE NUMBER (Of Licensee)  
52-0297

23. NAME, ADDRESS AND ZIP OF FACILITY  
O'Hair's Funeral Chapel  
515 Pine ST. Klamath Falls, OR 97601

24. REGISTRAR'S SIGNATURE  
Charles Robinson

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

26. WAS GIFT MADE?  
☒ YES ☐ NO ☐ N/A

27. TIME OF DEATH  
2:00 A M

28. WAS MEDICAL EXAMINER NOTIFIED?  
☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated  
(Signature) Carol Fellows M.D.

30. DATE SIGNED (Month, Day, Year)  
2-18-93

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)  
Carol Fellows M.D. 2610 Uhrmann Road, Klamath Falls, Oregon 97601

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)

33. DATE SIGNED (Month, Day, Year)

34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest

(a) Adenocarcinoma of the lung, extensive

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?  
☒ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY  
☒ Yes ☐ No ☐ Yes ☐ No ☐ N/A

39. If YES, were findings considered in determining cause of death?  
☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH  
☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Accident ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY  
M ☐ Yes ☐ No

41c. INJURY AT WORK?  
☐ Yes ☐ No

41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: FEB 19 1993

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss. \_\_\_\_\_ the 23rd day  
Filed for record at request of Mary Williams  
of Feb. A.D. 19 93 at 11:30 o'clock A.M., and duly recorded in Vol. 93  
of \_\_\_\_\_ Deeds on Page 3725  
By Evelyn Biehn County Clerk

FEE \$10.00  
Return: Mary Williams  
1224 Tamera St., Klamath Falls, Or. 97603