HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

60697 398 — Local File Number

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CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1 First: WALTER Middle: DANA Last: STEELE, JR.

2 DATE OF DEATH (month, day, year): October 28, 1978

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

4 SEX: Male

5a AGE—Last birthday (years): 75

5b Under 1 year: Hours / Minutes

5c Under 1 day: Hours / Minutes

6 DATE OF BIRTH (month, day, year): March 13, 1903

7a COUNTY OF DEATH: Klamath

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

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Kl. County Nursing Home

7d IF HOSP. OR INST. indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Wanda A.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 543 - 10 - 9371

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Baker - Retired

14b KIND OF BUSINESS OR INDUSTRY: Bakery Shop Owner

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 6451 Moyina Way 97601

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

16 FATHER—NAME first middle last: Walter D. Steele

17 MOTHER—Maiden Name first middle last: Ida May (N/R)

18 INFORMANT—NAME and relationship to deceased: Wanda A. Steele - Wife

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601

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]

21b DATE SIGNED [Mo., Day, Yr.]: 10/30/78

21c HOUR OF DEATH: 7:30 A M

CERTIFIER — NAME AND TITLE (Type or Print): Geoffrey F. Marx, M.D. / 405 Medical-Dental Bldg / Klamath Falls, Ore. 97601

MAILING ADDRESS (Street, city or town, state, zip)

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: OCT 31 1978

22b REGISTRAR [Signature]: [signature]

PART I

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

(a) Congestive Heart Failure — Interval between onset and death: 2 months

DUE TO, OR AS A CONSEQUENCE OF:

(b) - Arteriosclerosis — Interval between onset and death: 4 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): Severe Hypothyroidism

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS CASE REFERRED TO MEDICAL EXAMINER [Specify Yes or No]
No				No	No

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

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date NOV 1 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 29th day of April A.D., 19 93 at 9:58 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 9193.

Evelyn Biehn - County Clerk

By [signature]

FEE $10.00

Return: Neal Buchanan
601 Main #215, Klamath Falls, Or. 97601