60730

Vol. M93 Page 9262

After recording return to:
ALETA WAINRIGHT
1920 ARTHUR ST. APT. 18
KLAMATH FALLS, OR 97603

'93 APR 29 PM 1 30

CERTIFICATION OF VITAL RECORD

MT 29550-HC

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

274 (Local File Number)

CERTIFICATE OF DEATH

'76-012685 (State File Number)

DECEASED

1. DECEASED—NAME: First: Wendell; Middle: R.; Last: Wainright
2. DATE OF DEATH (month, day, year): August 7, 1976
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 65
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 6, 1911
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in hospital, give street address): Pres. Third Comm. Hospt.
8. STATE OF BIRTH (If not in U.S.A. name country): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Aleta Wainright
12. SOCIAL SECURITY NUMBER: 540-20-4789
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Petroleum Distributer
13b. KIND OF BUSINESS OR INDUSTRY: Wholesale Petroleum
14. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 7342 Henley Rd.

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

15. FATHER—NAME first middle last: George Wainright
16. MOTHER—Maiden Name first middle last: Mary Rippy
17. INFORMANT—NAME and relationship to deceased: Aleta Wainright, Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18 Immediate cause (a): ACUTE ANTERIOR MYOCARDIAL INFARCTION — 2 seconds
Due to, or as a consequence of (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c):

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I(a). — 19a. AUTOPSY (yes or no): No — 19b. If YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR:
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month Aug day 26 year 75 to month August day 7 year 1976
And Last Saw Him/Her Alive month 8 day 6 year 76
I Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 10:00 P. M.
at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Everett E. Howard
22b. NAME (type or print): Everett E. Howard, degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 8-9-76
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2622 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 8-10-76
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE: Deborah Chavez
26b. DATE RECEIVED BY LOCAL REGISTRAR: 8-9-76
27. DATE RECEIVED BY STATE REGISTRAR: AUG 23 1976
28. RESERVED FOR REGISTRAR'S USE

VS 2 R 69

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 02 1993

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 29th day of April A.D., 19 92 at 1:30 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 9262.

Evelyn Biehn County Clerk
By Darlene Mulendore

FEE $10.00