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CERTIFICATION OF VITAL RECORD

F 1911
I.D. TAG NO.
327
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136-
CERTIFICATE OF DEATH
State File Number

DECEDENT

1. DECEDENT'S NAME: First: William; Middle: Arthur; Last: WILLIAMS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): September 10, 1991
4. SOCIAL SECURITY NUMBER: 700-05-5464
5a. AGE Last Birthday (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Vermejo, NM
7. DATE OF BIRTH (Month, Day, Year): April 15, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐Inpatient ☐ER/Outpatient ☐DOA; OTHER ☒Nursing Home ☐Decedent's Home ☐Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Switchman
10b. KIND OF BUSINESS/INDUSTRY: Railroad
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lola B. Williams
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5309 Alva Avenue
13e. INSIDE CITY LIMITS? ☐Yes ☒No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒No ☐Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Skiffington - Williams
18. MOTHER - NAME first middle maiden: Alice Effie Foster

INFORMANT

19. INFORMANT - NAME and relationship to deceased: Lola B. Williams Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐Mausoleum ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): SEP 12 1991
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☒NO ☐N/A
26. WAS GIFT MADE? ☐YES ☒NO ☐N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 1:00 PM
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): Glenn Gailis MD M.D.
30. DATE SIGNED (Month, Day, Year): 9/12/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Glenn G. Gailis M.D. 1905 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

36. 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.
PART I
(a) CONGESTIVE HEART FAILURE — Interval between onset and death: 4 MOS
DUE TO, OR AS A CONSEQUENCE OF:
(b) ARTERIO SCLEROTIC HEART DISEASE — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) SMOKING, EMPHYSEMA — Interval between onset and death: YEARS
PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I: FOLLICULAR LYMPHOMA (B NECH
37. Did tobacco use contribute to the death? ☒Yes ☐No ☐Probably ☐Unk
38. AUTOPSY ☐Yes ☒No
39. If YES were findings considered in determining cause of death? ☒Yes ☐No ☐N/A
40. MANNER OF DEATH: ☒Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Undetermined Manner ☐Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
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 ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 16 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald Crane the 30th day of July A.D., 19 93 at 2:59 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 18868.

FEE $10.00

Evelyn Biehn County Clerk
By

Return: Lola Williams, P.O. Box 432, Merrill, Or. 97633