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Local File Number

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

136

State File Number

1. DECEDENT'S NAME (First, middle, last) William David		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 23, 1994	
4. SOCIAL SECURITY NUMBER 542-22-3918		5. AGE (Last Birthday) 69		6. BIRTHPLACE (City and State or Foreign Country) Eugene, OR	
7. DATE OF BIRTH (Month, Day, Year) April 5, 1925		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Trucker			
11. MARITAL STATUS (Specify only highest grade completed) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Marjorie			
13. RESIDENCE - STATE Oregon		14. RESIDENCE - COUNTY Klamath		15. STREET AND NUMBER P.O. Box 205 (33 Buckmaster Rd)	
16. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. ZIP CODE 97622		18. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
19. FATHER - NAME (first, middle, last) Edwin Pollock		20. MOTHER - NAME (first, middle, last) Lillian Luman		21. INFORMANT - NAME and relationship to decedent Marjorie Pollock, wife	
22. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. LOCATION - City or Town, State Klamath Falls, OR 97601			
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		25. DATE FILED (Month, Day, Year) OCT 26 1994			
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL DONATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		27. TIME OF DEATH 20:03 P M October 23, 1994			
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 28.1. TIME OF DEATH 20:03 P M October 23, 1994		28.2. DATE PHONOUNCED DEAD (Month, Day, Year, Hour) 20:03 P M October 23, 1994			
29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 29.1. TIME OF DEATH 20:03 P M October 23, 1994		29.2. DATE PHONOUNCED DEAD (Month, Day, Year, Hour) 20:03 P M October 23, 1994			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Robert N. Edwards, MD, ME, 4509 South Sixth Street, Suite #311, Klamath Falls, OR 97603		31. NAME, TITLE, ADDRESS AND ZIP OF MEDICAL EXAMINER Robert N. Edwards, MD, ME, 4509 South Sixth Street, Suite #311, Klamath Falls, OR 97603			
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter more than one cause per line.) Acute Myocardial Infarction		33. INTERVAL BETWEEN ONSET AND DEATH Seconds			
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1. None		35. INTERVAL BETWEEN ONSET AND DEATH Seconds			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
38. DATE OF INJURY (Month, Day, Year) October 23, 1994		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
39. PLACE OF INJURY (Home, farm, street, factory, etc.) Home		40. DESCRIBE HOW INJURY OCCURRED None			
41. LOCATION (Street and Number or Rural Route Number, City or Town, State) None		42. INTERVAL BETWEEN ONSET AND DEATH Seconds			

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: **OCT 26 1994**JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Marjorie Pollock the 31st day
of Oct A.D. 19 94 at 12:31 o'clock A.M., and duly recorded in Vol. M94,
of Deeds on Page 33628.

FEE \$10.00

Return: Marjorie Pollock, Box 205, Bly, Or. 97622

Evelyn Biehn County Clerk

By Deanne Nieldner