

1999 JUL -9 AM 10:40

Vol M99 Page 27525

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350

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: Vivian Middle: Ellillian Last: WAGNER		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 1, 1999
4. SOCIAL SECURITY NUMBER 295-12-4580	5a. AGE-Last Birthday (Year) 76	5b. Under 1 Year Mons. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		7. DATE OF BIRTH (Month, Day, Year) April 24, 1923	
9a. PLACE OF DEATH (Check only one) ☐ Hospital ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical 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.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) William H.	
13a. RESIDENCE - STATE Oregon		13b. STREET AND NUMBER 31423 Sailfish	
13c. CITY, TOWN OR LOCATION Bonanza		13d. STREET AND NUMBER 31423 Sailfish	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No		13f. ZIP CODE 97623	
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 (1-12) 1 College (1-4 or 5+) 1			
17. FATHER - NAME first middle last David - Benner		18. MOTHER - NAME first middle maiden Josephine - Waltripp	
19. INFORMANT - NAME and relationship to decedent William Wagner / Husband			
20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ward</i>		21b. OREGON LICENSE NO. (Of Licensee) 3678	
22. NAME, ADDRESS AND ZIP OF FACILITY. Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year) JUL 02 1999		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>	

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 0505	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) <i>Charles Christensen</i>			
30. DATE SIGNED (Month, Day, Year) 7/1/99			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles Christensen, MD / 1900 Main St. / Klamath Falls, OR 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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27526

06 Ret:

William Wagner

P.O. Box 392

Bonanza OR 97623

State of Oregon, County of Klamath

Recorded 7/09/99, at 10:40 a m.

In Vol. M99 Page 27525

Linda Smith,

County Clerk

Fee \$ 15 42

030286