

**OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS**

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I.D. TAG NO.

292

Local File Number

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

136-

98-013548

State File Number

1. DECEDENT'S NAME First <u>Lloyd</u> Middle <u>Edward</u> Last <u>WHEELER</u>			2 SEX <u>Male</u>	3 DATE OF DEATH (Month Day Year) <u>June 18, 1998</u>
4 SOCIAL SECURITY NUMBER <u>562-22-0762</u>	5a AGE-Last Birthday (Years) <u>74</u>	5b Under 1 Year Mos. Days	5c Under 1 Day Hours Mins	6 BIRTHPLACE (City and State or Foreign Country) <u>Healdsburg, CA.</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) <u>15935 Fishhole Creek Road</u>		9c CITY, TOWN, OR LOCATION OF DEATH <u>Bly</u>		9d COUNTY OF DEATH <u>Klamath</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Hod Carrier</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Construction</u>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Divorced</u>
12 SPOUSE (If Married, Married)				
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN OR LOCATION <u>Bly</u>	13d. STREET AND NUMBER <u>15935 Fishhole Creek Road</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <u>97622</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (14 or ...)				
17. FATHER - NAME first middle last <u>Fred - Wheeler</u>		18. MOTHER - NAME first middle maiden <u>Georgia Ellen Lehmkuhl</u>		19. INFORMANT NAME and relationship to decedent <u>Joyce Burbank / Dau.</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Pyramid Cremations</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AGING AS SUCH <u>Edward J. Johnson</u>		21b. OREGON LICENSE NO. (Of Licensee) <u>3409</u>	22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601</u>	
23. DATE FILED (Month, Day, Year) <u>JUN 22 1998</u>		24. REGISTRAR'S SIGNATURE <u>Edward J. Johnson</u>		

RESERVED FOR REGISTRAR'S USE

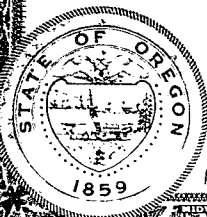
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION

DATE ISSUED

JUL 30 1999

THIS COPY NOT VALID WITHOUT INITIALS OF STATE S.A. AND BUREAU

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



31439

State of Oregon, County of Klamath
Recorded 8/06/99, at 11:06 A m.
In Vol. M99 Page 31438
Linda Smith.
County Clerk Fee \$ 15.00

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