

CERTIFICATION OF VITAL RECORD

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OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136

CERTIFICATE OF DEATH

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

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

CAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First Middle Last
Norman -- WILLIAMS

2. SEX Male

3. DATE OF DEATH (Month, Day, Year) August 24, 1996

4. SOCIAL SECURITY NUMBER 429-01-6992

5a. AGE: Last Birthday (Years) 79

5b. Under 1 Year Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country) Clarksville, AR

7. DATE OF BIRTH (Month, Day, Year) August 12, 1917

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) Klamath Regional Rehabilitation 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.) Electrician

10b. KIND OF BUSINESS/INDUSTRY DG Shelder

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married

12. SPOUSE (If Married, Widowed) Alta Williams

13a. RESIDENCE - STATE Oregon

13b. COUNTY Klamath

13c. CITY, TOWN OR LOCATION Klamath Falls

13d. STREET AND NUMBER 4519 Cannon Street #19

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No

13f. ZIP CODE 97601

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) College (1-4 or 5+)

17. FATHER - NAME first middle last Herbert -- Williams

18. MOTHER - NAME first middle maiden Grace -- Bynum

19. INFORMANT - NAME and relationship to deceased Herbert Williams - Son

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Wendy N. Fortengoff

21b. LICENSE NUMBER (Of Licensee) AE - 2778

22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home

23. DATE FILED (Month, Day, Year) AUG 28 1996

24. REGISTRAR'S SIGNATURE Evelyn A. Johnson

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH 1930 M ☐ Yes ☒ No

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) Jon McKeller M.D.

30. DATE SIGNED (Month, Day, Year) 8-26-96

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) Jon McKeller, M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Parkinson's Disease

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Other

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY M ☐ Yes ☒ No

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

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DATE ISSUED: AUG 28 1996

MARLENE BLEVINS COUNTY REGISTRAR KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

15886

State of Oregon, County of Klamath
Recorded 05/03/00, at 10:56a m.
In Vol. M00 Page 15885
Linda Smith,
County Clerk Fee \$ 26⁰⁰

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