STATE OF OREGON

49643

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES

Vital Statistics Section

204 (Local File Number)

CERTIFICATE OF DEATH

Vol. M78 Page 12123 (State File Number)

1 DECEASED—NAME: DONALD (FIRST) FREDRICK (MIDDLE) HANKINS (LAST)				2 DATE OF DEATH (MONTH, DAY, YEAR): May 30, 1978	
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White	4 SEX: Male	5A AGE (LAST BIRTHDAY) (YEARS): 63	5B UNDER 1 YEAR MOS. / DAYS	5C UNDER 1 DAY HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): April 18, 1915
7A COUNTY OF DEATH: Klamath	7B CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 3320 Bristol Avenue			7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM., INPATIENT (SPECIFY)
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Colorado	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIFE OR HUSBAND): Lillian ✓		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
13 SOCIAL SECURITY NUMBER: 542 - 12 - 6406	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Rancher		14B KIND OF BUSINESS OR INDUSTRY: Ranching		
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 3320 Bristol Avenue		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER—NAME FIRST MIDDLE LAST: Lawrence Hankins	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Jessie Bement		18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Robert Hankins - Son		
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial	19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens		19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon		
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH — SIGNATURE: James K. Ward	20B NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601				

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): About 11:00 PM.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): May 31, 1978 / 6:00 AM.	21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]
21D CERTIFIER — SIGNATURE: George R. Nicholson M.D.	21E NAME—(TYPE OR PRINT) DEGREE OR TITLE: George R. Nicholson M.D.	
21F MEDICAL EXAMINER FOR: KLAMATH COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR): June 5, 1978	

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): June 6, 1978	22B REGISTRAR (SIGNATURE): Marion Peterman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))

PART I
(a) Probable Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: sec. min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Chronic Obstructive Pulmonary Disease — AUTOPSY (SPECIFY YES OR NO) 24: No

25A DATE OF INJURY (MONTH, DAY, YEAR): May 30, 1978	25B HOUR: About 11:00PM	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Died in bed
25D WAS INJURY AT WORK (SPECIFY YES OR NO): No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): At Home	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 3320 Bristol Ave / Klamath Falls / Klamath/Or

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics

By Marion Peterman, Deputy Registrar

Date JUN 7 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of June A.D., 19 78 at 1:59 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 12123.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Skibsch Deputy