59773 452

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Local File Number

CERTIFICATE OF DEATH

State File Number

M78 Page 28062

1 DECEASED—NAME: FIRST KIMBERLY	MIDDLE LANE	LAST CULVER			2 DATE OF DEATH (MONTH, DAY, YEAR): December 7, 1978
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White	4 SEX: Female	5A AGE—LAST BIRTHDAY (YEARS): 18	UNDER 1 YEAR: 5B MOS. / DAYS	UNDER 1 DAY: 5C HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR): September 1, 1960
7A COUNTY OF DEATH: Klamath	7B CITY, TOWN, OR LOCATION OF DEATH: Near Merrill	7C HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): Hill Rd N of Dehlinger Rd			7D IF HOSP. OR INST., INDICATE DOA, OP/EMER, INPAT. (SPECIFY)
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married	11 SPOUSE (IF MARRIED, WIDOWED)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13 SOCIAL SECURITY NUMBER: 544-84-1953	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Ranch Hand	14B KIND OF BUSINESS OR INDUSTRY: Agriculture			
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Klamath Falls	15D STREET AND NUMBER OR R.F.D.: 7820 Reeder Road 97601		15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No
16 FATHER—NAME FIRST MIDDLE LAST: Gordon Gene Culver	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Sharon Dorrine Pavlin	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Gene Culver, father			
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 97601			
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: William L. Davenport	20B NAME AND ADDRESS OF FACILITY: DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, 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): 5:00 P.M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): Dec. 7 1978 7:15 P.M.	FROM: NATURAL CAUSES ☐	HOMICIDE ☐	ACCIDENT ☒	SUICIDE ☐
21D CERTIFIER — SIGNATURE: [signature]	21C NAME (TYPE OR PRINT): Geroge R. Nicholson, MD	UNDETERMINED ☐		PENDING ☐	DEGREE OR TITLE
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21E DATE SIGNED (MONTH, DAY, YEAR): December 12, 1978				
22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): Dec. 12, 1978	REGISTRAR 22B (SIGNATURE): Marian Ackerman				

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a.), (b.), AND (c.))

PART I
(a) Crushing Injuries of Chest — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(b) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(c) — INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

25A DATE OF INJURY (MONTH, DAY, YEAR): December 7, 1978	25B HOUR: 5:00PM	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Single car accident (passenger)	24 AUTOPSY (SPECIFY YES OR NO): No
25D W.I. AT WORK (SPECIFY YES OR NO): No	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Street	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): ¼ Mile North of Dehlinger Rd on Hill Road Klamath Falls, Klamath, Oregon	

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date DEC 13 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Ret: Michael L. Brant
325 Main St
KFO

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of December A.D., 19 78 at 4:23 o'clock P.M., and duly recorded in Vol M-78, of Deeds on Page 28062.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline J. Metlee Deputy