

82365

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME FIRST MIDDLE LAST 1 Glen Fields		DATE OF DEATH (MONTH, DAY, YEAR) 2 February 12, 1980	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) 3 White		SEX 4 Male	AGE—LAST BIRTHDAY (YEARS) 5A 76
CITY, TOWN, OR LOCATION OF DEATH 7A Klamath		DATE OF BIRTH (MONTH, DAY, YEAR) 6 November 16, 1903	
CITY, TOWN, OR LOCATION OF DEATH 7B Malin		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) 8 Jim Owens Cattle Co. Rafter	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 9 Oregon		CITIZEN OF WHAT COUNTRY 10 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11 Divorced
SOCIAL SECURITY NUMBER 12 542-09-7916		KIND OF BUSINESS OR INDUSTRY 13A Cattle	
RESIDENCE—STATE 14 Oregon		COUNTY 15 Klamath	CITY, TOWN, OR LOCATION 16 Malin
FATHER—NAME FIRST MIDDLE LAST 17 Thomas Fields		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 18 Etta Parsley	INFORMANT—NAME AND RELATIONSHIP TO DECEASED 19 Mary Jeane Quimby, Daughter
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) 20A Burial		CEMETERY OR CREMATORY—NAME 20B Redmond Memorial Cemetery	LOCATION CITY OR TOWN STATE 20C Redmond, Oregon
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—NAME AND ADDRESS OF FACILITY 21O'D'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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:			
DEATH OCCURRED (HOUR) APPROX. 21A 10:30 A.	THE DECEASED WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21B February 12, 1980	FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	DEGREE OR TITLE 21E M.D.
CERTIFIER—SIGNATURE 21C [Signature]		NAME—(TYPE OR PRINT) 21E George R. Nicholson	
MEDICAL EXAMINER FOR: 21F Klamath		DATE SIGNED (MONTH, DAY, YEAR) 21G	
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) 22A FEB 27 1980		REGISTRAR 22B (SIGNATURE) Shelia Marie	
PART I IMMEDIATE CAUSE (A) Massive destruction of brain (B) Gunshot wound of head (C) Self-inflicted		INTERVAL BETWEEN ONSET AND DEATH 23	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) 24 No	
DATE OF INJURY (MONTH, DAY, YEAR) 25A Feb. 12, 1980		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) 25B Self-inflicted rifle wound to head	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 25C Residence		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 25F Tractor at the Jim Owens Cattle Co., Rafter #9 Feed Lot, Old Malin Hwy., Malin, Klamath Co., Oregon	

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marie, Deputy Registrar
Date February 24, 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of March A.D., 1980 at 11:52 o'clock A.M., and duly recorded in Vol. 180 of Deeds on Page 5641.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernice A. Hetch, Deputy

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ALIER

Mary Jean Quimby
P.O. Box 65
Merrill, Or.
97633