

32277

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83-016297

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

Local File Number

State File Number

342

DECEASED—NAME FIRST MIDDLE LAST SHIRLEY REGINALD BLACK			DATE OF DEATH (MONTH, DAY, YEAR) September 24, 1983		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE—LAST BIRTHDAY (YEARS) 48	DATE OF BIRTH (MONTH, DAY, YEAR) May 10, 1935	
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.) 2936 Hilyard Avenue		COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) California	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SPOUSE (IF MARRIED, WIDOWED) Ann E. Black		WAS DECEDENT EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO) Yes
SOCIAL SECURITY NUMBER 566 / 44 / 7975		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver		KIND OF BUSINESS OR INDUSTRY Logging	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. 3531 Hilyard Avenue		INSIDE CITY LIMITS (SPECIFY YES OR NO) No
FATHER—NAME FIRST MIDDLE LAST Shirley R. Black		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Evelyn Paulina McElfresh		INFORMANT—NAME AND RELATIONSHIP TO DECEASED Ann E. Black / Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Cremation		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		LOCATION—CITY OR TOWN STATE Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS (NAME AND ADDRESS OF FACILITY) WARD'S - 1945 Main 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:					
DEATH OCCURRED (HOUR) About 2:00a		THE DECEDENT WAS DECEASED DEAD (MONTH DAY YEAR) September 24, 1983/11:07a		FROM: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE Robert E. Jamison		NAME (TYPE OR PRINT) Robert Jamison, MD		DEGREE OR TITLE	
MEDICAL EXAMINER FOR: Klamath		DATE SIGNED (MONTH, DAY, YEAR) September 26, 1983			
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) SEP 28 1983		REGISTRAR (SIGNATURE) Dorlene E. Smith			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					
(a) Extensive Fragmenting Brain Trauma				INTERVAL BETWEEN ONSET AND DEATH instantaneous	
(b) Gun shot wound to head.				INTERVAL BETWEEN ONSET AND DEATH instantaneous	
(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)				AUTOPSY (SPECIFY YES OR NO) Yes	
DATE OF INJURY (MONTH, DAY, YEAR) Sept. 24, 1983		HOUR About 2:00am		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Self inflicted gunshot wound to the head	
INJ. AT WORK (SPECIFY YES OR NO) No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Parking Lot	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 2936 Hilyard Avenue / Klamath Falls / Klamath / Oregon			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL—VITAL STATISTICS COPY

HS-107 REV. 1-80

STATE OF OREGON, COUNTY OF MULTNOMAH:ss

DATE ISSUED NOVEMBER 14 1983

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 6th day Jan A.D., 1984 at 1:26 o'clock P.M., and duly recorded in Vol. 184, of Deeds on page 321.

EVELYN BIEHN, COUNTY CLERK

Fee \$ 4.00

by Pam Smith Deputy