of Oregon
GON STATE HEALTH DIVISION
rtment of Human Resources

32351

CERTIFICATE OF DEATH

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Vital Records Unit

463
Local File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

USE OF DEATH

DECEASED—NAME (1) First: QUINTON Middle: JAY Last: COOPER

State File Number

(2) DATE OF DEATH (month, day, year): December 11, 1983

(3) RACE White, Black, American Indian, etc. (specify): White

(4) SEX: Male

(5a) AGE—Last birthday (years): 65 | (5b) Under 1 year: mos. days | Under 1 day: hours min

(6) DATE OF BIRTH (month, day, year): January 28, 1918

(7a) CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

(7b) HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Cent.

(7c) IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient

(7d) COUNTY OF DEATH: Klamath

(8) STATE OF BIRTH (If not in U.S.A., name country): Missouri

(9) CITIZEN OF WHAT COUNTRY: U.S.A.

(10) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

(11) SPOUSE (IF MARRIED, WIDOWED): Noveta M.

(12) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

(13) SOCIAL SECURITY NUMBER: 500 - 05 - 2551

(14a) USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Saw Filer - Retired

(14b) KIND OF BUSINESS OR INDUSTRY: Timber

(15a) RESIDENCE—STATE: Oregon

(15b) COUNTY: Klamath

(15c) CITY, TOWN, OR LOCATION: Klamath Falls

(15d) STREET AND NUMBER OR R.F.D., ZIP: 3635 Alva Street 97603

(15e) Inside City Limits (specify yes or no): No

(16) FATHER—NAME first middle last: George Cooper

(17) MOTHER—Maiden Name first middle last: Carrie Jones

(18) INFORMANT—NAME and relationship to deceased: Harold Cooper / 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]: [signature]

(20b) NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

(21a) [Signature]: Kenneth K Magee

(21b) DATE SIGNED [Mo., Day, Yr.]: 12-13-83

(21c) HOUR OF DEATH: 1:00PM

(21d) NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon

(21e) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

(22a) DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 16 1983

(22b) REGISTRAR [Signature]: [signature]

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

PART I
(a) Respiratory Arrest — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe Cerebral Injury — Interval between onset and death: 7 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cardiac Arrest due to Myocardial Infarction — Interval between onset and death: 7 days

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Pneumonia ~~Pneumonia~~

(26a) ACCIDENT [Specify Yes or No]	(26b) DATE OF INJURY [Mo., Day, Yr.]	(26c) HOUR OF INJURY	(24) AUTOPSY [Specify Yes or No]	(25) WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
No			No	No

(26e) INJURY AT WORK [Specify Yes or No]	(26f) PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	(26d) DESCRIBE HOW INJURY OCCURRED	(26g) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON
County of Klamath

21-2 (11/81)

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: [signature] Deputy Registrar

Date VOID IF ALTERED DEC 16 1983

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 10th day of January A.D., 19 84 at 2:30 o'clock P.M., and duly recorded in Vol. M84, on Page 441

Fee $4.00

EVELYN BIEHN, COUNTY CLERK

By: [signature] Deputy