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A 5149
ID TAG NO
154
Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Field	Entry
1. DECEASED — NAME First / Middle / Last	Vincent J. PAUL
2. DATE OF DEATH (month, day, year)	April 26, 1986
3. RACE White, Black, American Indian, etc. (specify)	White
4. SEX	Male
5a. AGE — Last birthday (years)	66
5b. Under 1 year mos. days	
5c. Under 1 day hours min.	
6. DATE OF BIRTH (month, day, year)	December 1, 1919
7a. CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)	Merle West Medical Center
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)	New York
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. SPOUSE (IF MARRIED, WIDOWED)	Ella M. Paul
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	No
13. SOCIAL SECURITY NUMBER	093-01-2663
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Bartender
14b. KIND OF BUSINESS OR INDUSTRY	Food Industry
15a. RESIDENCE — STATE	Oregon
15b. COUNTY	Klamath
15c. CITY, TOWN OR LOCATION	Klamath Falls
15d. STREET AND NUMBER OR R.F.D.	1200 Monclaire Street ZIP 97601
15e. Inside City Limits (specify yes or no)	Yes
16. FATHER — NAME first middle last	Joseph - Paul
17. MOTHER — first middle last (Maiden Name)	Josephine - Porreca
18. INFORMANT — NAME and relationship to deceased	Ella M. Paul, wife

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

DISPOSITION

Field	Entry
19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation
19b. CEMETERY OR CREMATORY — NAME	Klamath Cremation Service
19c. LOCATION city or town state	Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature)	[signature]
20b. NAME AND ADDRESS OF FACILITY	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

Field	Entry
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature] M.D.
21b. DATE SIGNED (Mo., Day, Year)	April 28, 1986
21c. HOUR OF DEATH	6:00 P.M.
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)	John J. Kleeman, M.D., 1905 Main Street, Klamath Fall, Oregon ZIP: 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	April 28, 1986
22b. REGISTRAR (Signature)	Katherine E. Cra[illegible]

CAUSE OF DEATH

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

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

	Cause	Interval between onset and death
(a)	Intra cerebral hemorrhage	18 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF:		
(c) DUE TO, OR AS A CONSEQUENCE OF:		

Field	Entry
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)	HBP
24. AUTOPSY (Specify Yes or No)	No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	No
26a. ACCIDENT (Specify Yes or No)	
26b. DATE OF INJURY (Mo., Day, Year)	
26c. HOUR OF INJURY	M
26d. DESCRIBE HOW INJURY OCCURRED	
26e. INJURY AT WORK (Specify Yes or No)	
26f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☒ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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 [signature] Deputy Registrar

Date April 29, 1986

[SEAL]