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

CERTIFICATE OF DEATH

25
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Rex Quinton DAVIS
2. DATE OF DEATH (month, day, year): January 19, 1986
3. RACE (White, Black, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last Birthday (years): 74
5b. Under 1 year (mos., days)
5c. Under 1 day (hours, min.)
6. DATE OF BIRTH (month, day, year): August 16, 1911
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 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 USA name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): E. Mariah Davis
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 541-09-9305
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Floor Covering
14b. KIND OF BUSINESS OR INDUSTRY: Self Employed/owner
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 4991 Gatewood 97603
15e. Inside City Limits (specify Yes or No): Yes
16. FATHER—NAME (first, middle, last): Claud H. Davis
17. MOTHER—(first, middle, last, (Maiden Name)): Ethel L. Riggs
18. INFORMANT—NAME and relationship to deceased: Patrick B. Davis, son

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
19c. LOCATION (City or Town, State): Klamath Falls, Oregon 97601
20a. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature): William F. Davenport
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFIER

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): Blake Berven
21b. DATE SIGNED (Mo., Day, Yr.): January 20, 1986
21c. HOUR OF DEATH: 9:40 A.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JAN 20 1986
22b. REGISTRAR (Signature): Katherine E. Cravens

CAUSE OF DEATH

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

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

PART I
(a) Respiratory Failure — Interval between onset and death: 12 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe asthmatic bronchitis — Interval between onset and death: 20 years
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): Recent TURP

24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a. ACCIDENT (Specify Yes or No): No
26b. DATE OF INJURY (Mo., Day, Yr.):
26c. HOUR OF INJURY:
26d. DESCRIBE HOW INJURY OCCURRED:
26e. INJURY AT WORK (Specify Yes or No): 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

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45.2 REV. 12-83

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 Katherine E. Cravens *Deputy Registrar*

Date DEC 20 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of December A.D., 19 86 at 3:34 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 22371.

FEE $5.00

Evelyn Biehn, County Clerk

By Pam Smith

Return: Patrick Davis 4991 Gatewood, Klamath Falls, Oregon 97603