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OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

M4C 17067

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

CERTIFICATE OF DEATH

ORS - 146

Local File Number: 364

State File Number: 84-016818

DECEDENT

DECEASED NAME: VICTOR E. PRESTON

DATE OF DEATH (MONTH, DAY, YEAR): September 25, 1984

1 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): White

2 SEX: Male

3A AGE - LAST BIRTHDAY (YEARS): 61

3B UNDER 1 YEAR MOS.: DAYS:

3C UNDER 1 DAY HOURS: MIN.:

4 DATE OF BIRTH (MONTH, DAY, YEAR): July 30, 1923

5A CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

5B HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET & NO.): Merle West Medical Center

5C IF HOSP. OR INST., WAS DECEDENT'S STATUS (SPECIFY): Inpatient

5D COUNTY OF DEATH: Klamath

6 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Washington

7 CITIZEN OF WHAT COUNTRY: U.S.A.

8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

9 SPOUSE (IF MARRIED, WIDOWED OR DIVORCED): Dolores B. Preston

9B WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

10 SOCIAL SECURITY NUMBER: 538-14-5368

11A USUAL OCCUPATION (GIVE KIND OF WORK DONE MOST OF WORKING LIFE, EVEN IF RETIRED): Diesel Electrician 575400

11B KIND OF BUSINESS OR INDUSTRY: Burlington-Northern Railroad

12A RESIDENCE STATE: Oregon

12B COUNTY: Klamath

12C CITY, TOWN, OR LOCATION: Klamath Falls

12D STREET AND NUMBER OR R.F.D. NO.: 5809 Harland Drive

12E INSIDE CITY LIMITS? (YES OR NO): No

13A FATHER NAME (FIRST, MIDDLE, LAST): George Dewey Preston

13B MOTHER (FIRST, MIDDLE, LAST, MAIDEN NAME): Marjorie Ellen Woods

13C INFORMANT NAME AND RELATIONSHIP TO DECEASED: Dolores B. Preston - wife

DISPOSITION

14A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial

14B CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens

14C LOCATION - CITY OR TOWN, STATE: Klamath Falls, Oregon

14D FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH - SIGNATURE: Merrill Reid

14E NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601

.181

CERTIFIER — MEDICAL EXAMINER

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

15A DEATH OCCURRED (HOUR): 6:20 A.M.

15B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): September 25, 1984 6:20 A.M.

15C FROM: NATURAL CAUSES [ ] ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

15D CERTIFIER (SIGNATURE): George R. Nicholson

15E NAME (TYPE OR PRINT): George R. Nicholson, M.E.

15F MEDICAL EXAMINER FOR: Klamath COUNTY

15G DATE SIGNED (MONTH, DAY, YEAR):

16A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): SEP 27 1984

16B REGISTRAR (SIGNATURE):

CAUSE OF DEATH

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

PART I

(1) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): Brain Death — INTERVAL BETWEEN ONSET AND DEATH: 5 to 10 min

(a) DUE TO, OR AS A CONSEQUENCE OF: Prolonged hypoxic — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

(b) DUE TO, OR AS A CONSEQUENCE OF: Near Drowning — INTERVAL BETWEEN ONSET AND DEATH: "

(c)

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Diabetes Mellitus & Seizure — AUTOPSY (SPECIFY YES OR NO): Yes

17A DATE OF INJURY (MONTH, DAY, YEAR): Sep. 20, 1984

17B HOUR: 11:15 A.M.

17C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 21): No. He had an Insulin attack and fell into a drain ditch in water.

.57

17D INJ. AT WORK (SPECIFY YES OR NO): No

17E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): Nature Trail

17F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 300 feet from 120 Riverside Dr., Klamath Falls, Oregon

.9109

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED NOV 25 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 8th day of December A.D., 19 86 at 8:55 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 22495.

FEE $5.00

Return: M.T.C.

Evelyn Biehn, County Clerk
By _____