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

ID TAG NO. 09242

Local File Number 11

CERTIFICATE OF DEATH
ORS — 146

State 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

1 DECEASED — NAME: First CANDIDO; Middle —; Last REYES

2 DATE OF DEATH (month, day, year): January 7, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 50

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): May 26, 1936

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): Emer. Room

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Linda

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 525 - 76 - 0245

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airport Maintenance

14b KIND OF BUSINESS OR INDUSTRY: City of Klamath Falls

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Bonanza

15d STREET AND NUMBER OR R.F.D.: Route 1, Box 734 ZIP 97623

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

16 FATHER — NAME first middle last: Benjamen Reyes

17 MOTHER — first middle last (Maiden Name): Julia Gallegos

18 INFORMANT — NAME and relationship to deceased: Linda Reyes - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or.- 97601

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:

21a DEATH OCCURRED (Hour): 9:38 A M

21b THE DECEASED WAS PRONOUNCED DEAD Month Jan. Day 7, Year 1987 at Hour 9:38 A M

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): Robert Jamison

21e NAME AND TITLE — (Type or Print): Robert E. Jamison, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): 1/8/87

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): January 9, 1987

22b REGISTRAR (Signature): Darlene E. Crawford

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

CAUSE OF DEATH

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

(a) Arteriosclerotic Heart Disease — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

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)

24 AUTOPSY (Specify Yes or No): No

25a DATE OF INJURY (Month, Day, Year)

25b HOUR

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)

25d INJ. AT WORK (Specify Yes or No)

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

25f LOCATION (Street or R.F.D. No., City or Town, County, 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

45-107 Rev. 1-86

ORIGINAL-VITAL STATISTICS COPY

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.

OREGON SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Darlene E. Crawford, Deputy Regisrtar

Date January 14, 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 20th day of January A.D., 19 87 at 11:31 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 965.

Evelyn Biehn, County Clerk

By Pam Smith

FEE $5.00