CERTIFICATION OF VITAL RECORD

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A-1338
ID TAG NO.

391
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

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

1. DECEASED — NAME: First: Leslie; Middle: Doyal; Last: REEVES
2. DATE OF DEATH (month, day, year): October 18, 1987
3. RACE White, Black, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 73
5b. Under 1 year: mos / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): September 11, 1914
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Convalescent 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): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Dorothy Reeves
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 546-20-8201
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Job Superintendent
14b. KIND OF BUSINESS OR INDUSTRY: Construction
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath
15d. STREET AND NUMBER OR R.F.D.: 5540 Bartlett Avenue
ZIP: 97603
15e. Inside City Limits (specify yes or no): No
16. FATHER — NAME first middle last: Leonard F. Reeves
17. MOTHER — first middle last (Maiden Name): Ethel - Morris
18. INFORMANT — NAME and relationship to deceased: Dorothy Reeves, wife

DISPOSITION

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): Jerrill Feil
20. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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): Jon Wayland M.D.
21b. DATE SIGNED (Mo., Day, Year): October 19,1987
21c. HOUR OF DEATH: 6:50 P. M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Jon S. Wayland, M.D., 2301 Mountain View Blvd., Klamath Falls, Oregon 97601 ZIP
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e.

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): OCT 19 1987
22b. REGISTRAR (Signature): Michelle Bartliff

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) Cancer Prostate — Interval between onset and death
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
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
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

43-2 Rev. 6-86

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED OCT 19 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Reeves of October A.D., 19 87 at 11:36 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 18928. the 20th day

FEE $5.00

Evelyn Biehn, County Clerk
By Ann Smith

Ret: Dorothy Reeves 5540 Bartlett Ave., Klamath Falls, Oregon 97603