'87 NOV 16 PM 12 43

Vol. M87 Page 20742

81620 | 00681 ID TAG NO. | 307 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

1 DECEASED — NAME: First Thomas | Middle Jefferson | Last SANDERS

2 DATE OF DEATH (month, day, year): August 17, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 72

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 20, 1915

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): Kentucky

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Maxine Sanders

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

13 SOCIAL SECURITY NUMBER: 404-07-8722

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

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 2519 Applegate St. ZIP 97601

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

16 FATHER — NAME first middle last: N.M. Sanders

17 MOTHER — first middle last (Maiden Name): Sarah Jane Moore

18 INFORMANT — NAME and relationship to deceased: Maxine Sanders, Wife

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

19 CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

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

DISPOSITION

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

NAME AND ADDRESS OF FACILITY: O'Blair'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): [signature] M.D.

21b DATE SIGNED (Mo., Day, Year): August 17, 1987

21c HOUR OF DEATH: 7:45 A.M. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Dave C. Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Ore. ZIP 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): AUG 20 1987

22b REGISTRAR (Signature): Michelle Batliff

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

CAUSE OF DEATH

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): CVA — Interval between onset and death: 7 Days

(a) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): AOOM / 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. 6-85

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 Michelle Batliff, Deputy Registrar

Date AUG 20 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 16th day of November A.D., 19 87 at 12:43 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 20742.

Evelyn Biehn, County Clerk

By Pam Smith

FEE $5.00

Ret: Maxine Sanders 2519 Applegate St., Klamath Falls, Oregon 97601