CERTIFICATION OF VITAL RECORD

'88 JAN 14 AM 8 57 Vol. M88 Page 643

83465

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

B-8451 ID TAG NO.
479 Local File Number
State File Number

CERTIFICATE OF DEATH

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

DECEDENT

1. DECEASED — NAME: First: Norman; Middle: Ernest; Last: WHITE
2. DATE OF DEATH (month, day, year): December 20, 1987
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Male
5a. AGE — Last birthday (years): 72
5b. Under 1 year: mos.
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): September 12, 1915
7a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mtn View Care Center
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient
7d. COUNTY OF DEATH: Klamath
8a. STATE OF BIRTH (If not in U.S.A. name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Eileen
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 543-10-0101
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
14b. KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad
15a. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 1505 Madison Street, Sp #16
ZIP: 97603
15e. Inside City Limits (Specify yes or no): No
16. FATHER — NAME first middle last: Norman — White
17. MOTHER — First middle last (Maiden Name): Faye — Smith
18. INFORMANT — NAME and relationship to deceased: Eileen White, wife
19a. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b. CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory
19c. LOCATION city or town state: Klamath Falls, Oregon 97603
20a. FUNERAL SERVICE LICENSEE or person acting as such (Signature): Earl Pennart
20b. NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194

DISPOSITION

1. ____
2. ____
3. ____

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature): Jame N Beggs MD
21b. DATE SIGNED (Mo., Day, Year): December 20, 1987
21c. HOUR OF DEATH: 2:18 A M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon ZIP: 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

Completed by CERTIFYING PHYSICIAN Only

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): DEC 21 1987
22b. REGISTRAR (Signature): Michelle Bastiff

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

CAUSE OF DEATH

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Sepsis — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cellulitis left leg — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(c) Peripheral vascular disease — Interval between onset and death: 5 years
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).: Alcoholic liver disease, tobacco abuse
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

4. ____
5. ____
6. ____

26a. ACCIDENT (Specify Yes or No): 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): 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

27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☐
WAS GIFT MADE? YES ☐ NO ☐ N/A ☐

28. RESERVED FOR REGISTRAR'S USE.

45-3 Rev. 9-85

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED DEC 21 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY 1988

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of Boivin & Uerlings, P.C., Attorneys at Law the 14th day of January A.D., 19 88 at 8:57 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 643.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Ret: Boivin & Uerlings, P.C., Attys' at Law 110 N. Sixth St., Klamath Falls, Or. 97601