CERTIFICATION OF VITAL RECORD

B-3822
I.D. TAG NO.
20
Local File Number

83708

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M88 Page 1059

CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First ADRIAN Middle JAMES Last GAVIN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Jan. 09, 1988
4. SOCIAL SECURITY NUMBER: 517/14/1972
5a. AGE - Last Birthday (Years): 70
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Whitetail, Mt.
7. DATE OF BIRTH (Month, Day, Year): Jan. 17, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one) OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Desk Sergeant
10b. KIND OF BUSINESS/INDUSTRY: Los Angeles Police Department
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Edna
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Forest Estates
13d. STREET AND NUMBER: Nightowl & Sailfish Lanes
13a. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97623
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): - College (1-4 or 5+): -

PARENTS

17. FATHER - NAME first middle last: James-Gavin
18. MOTHER - NAME first middle maiden: Gertrude-Hanley
19. INFORMANT - NAME and relationship to deceased: Edna Gavin / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 1320 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) Kenneth L. Tuttle M.D.
26. DATE SIGNED (Month, Day, Year): 1-11-88
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth L. Tuttle, MD / 2680 "C" Uhrmann Road / Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Metastatic squamous cell cancer - Right Lung DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 1 month
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death
(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)

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bartliff
38. DATE FILED (Month, Day, Year): JAN 12 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

'88 JAN 21 PM 2 18

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

45-2 REV.

DATE ISSUED JAN 14 1988

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 _____
of January A.D., 19 88 at 2:18 o'clock P M., and duly recorded in Vol. M88 the 21st day
of Deeds on Page 1059.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Edna Gavin Box 321, Bonanza, Oregon 97623