CERTIFICATION OF VITAL RECORD

Vol. M88 Page 2704

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

20074 I.D. TAG NO.
42 Local File Number
136- State File Number

CERTIFICATE OF DEATH

84672

1. DECEDENT'S NAME: First Elbert; Middle Thomas; Last RAMEY
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): February 1, 1988
4. SOCIAL SECURITY NUMBER: 540-20-5907
5a. AGE - Last Birthday (Years): 78
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Cedar Creek, Missouri
7. DATE OF BIRTH (Month, Day, Year): December 26 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER: ☐ Nursing Home ☐ Decedent's Residence ☒ Other (Specify) Daughters Home
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
9c. FACILITY NAME (If not Institution, give street and number): 3209 Hilyard
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Rip Saw Operator
10b. KIND OF BUSINESS/INDUSTRY: Lumber Manufacturing
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary R. Reaves
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1767 Burns Street
13a. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
17. FATHER - NAME: first Will; middle —; last Ramey
18. MOTHER - NAME: first Olive; middle —; maiden Sisco
19. INFORMANT - NAME and relationship to deceased: Diane M. Foster, daughter
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: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): 47 3101
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 5:30 A 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)
26. DATE SIGNED (Month, Day, Year): February 1, 1988

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

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601
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

PART I
(a) 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. Acute hemorrhage — Interval between onset and death: 10 min
(b) DUE TO, OR AS A CONSEQUENCE OF: Erosion of the Aorta — Interval between onset and death: 10 min
(c) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of the Lungs

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Cigarette Smoker

32. AUTOPSY: ☐ Yes ☒ No
33. IF YES were findings considered in determining cause of death?

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

35. DATE FILED (Month, Day, Year): FEB 2 1988
37. REGISTRAR'S SIGNATURE: Michelle Bitliff
38. WAS DECEDENT A POTENTIAL ORGAN/TISSUE DONOR? ☐ YES ☐ NO ☒ N/A
39. DID FUNERAL REPRESENTATIVE MAKE REQUEST FOR MEDICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

RECEIVED FOR REGISTRAR'S USE

FEB 25 AM 10 20

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

DATE ISSUED FEB 2 8 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT. OF HEALTH SERVICES KLAMATH COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 25th day of February A.D., 19 88 at 10:20 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 2704.

Evelyn Biehn, County Clerk
By _____

FEE $5.00
Ret: May Ramey 3209 Hilyard Ave., Klamath Falls, Oregon 97603