CERTIFICATION OF VITAL RECORD

Vol M88 Page 3970

21089 — I.C. TAG NO.
103 — Local File Number
136- — State File Number
85459

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Elmer; Middle: A; Last: SEYMOUR
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 17, 1988
4. SOCIAL SECURITY NUMBER: 485-12-6441
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Minutes)
6. BIRTHPLACE (City and State or Foreign Country): Halston, Iowa
7. DATE OF BIRTH (Month, Day, Year): Sept. 10, 1913
8a. PLACE OF DEATH (Check only one): ☒ Hospital: Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
8c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d. COUNTY OF DEATH: Klamath
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Log Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Margaret E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4811 Harlan Drive
13e. 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+):

PARENTS

17. MOTHER - NAME: First: Ted L.; Middle: ; Last: Seymour
18. MOTHER - NAME: First: Mildred A.; Middle: ; Maiden: Wessel
19. INFORMANT - NAME and relationship to deceased: Margaret E.Seymour, 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): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Lind
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601, 515 Pine St.,Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 10:00 P. 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): Byron T. Sagunsky M.D.
26. DATE SIGNED (Month, Day, Year): March 18, 1988
27a. TIME OF DEATH
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Byron T. Sagunsky, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): James Beggs

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) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic obstructive Pulmonary Disease — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a).
Cardiac Decompensation
33. AUTOPSY ☐ Yes ☒ No
34. ☐ YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY
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)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Batliff
38. DATE FILED (Month, Day, Year): MAR 18 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

45-2 REV. 1-88

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

DATE ISSUED MAR 2 1 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 22nd day of March A.D., 19 88 at 1:03 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 3970.

Evelyn Biehn, County Clerk
By _____

FEE $5.00
Ret: Margaret Seymour 4811 Harlan Dr., Klamath Falls, Oregon 97603