CERTIFICATION OF VITAL RECORD

ATE 5-3-2102

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B-3825

ID TAG NO. 496

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: LLOYD; Middle: GEORGE; Last: ZIMMERMAN
2. DATE OF DEATH (month, day, year): December 31, 1987
3. RACE: White
4. SEX: Male
5a. AGE — Last Birthday (years): 75
5b. Under 1 year: months
5c. Under 1 day: hours, minutes
6. DATE OF BIRTH (month, day, year): December 16, 1912
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/Emerg. Rm., Inpatient (Specify): Emer. Rm.
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A. name country): Canada
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (IF MARRIED, WIDOWED): Rose
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 081 - 16 - 7278
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
14b. KIND OF BUSINESS OR INDUSTRY: Building
15. RESIDENCE — STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D.: 1625 Wiard Street
ZIP: 97603
15e. Inside City Limits (Specify yes or no): NO
16. FATHER — NAME: First: William; Middle: H.; Last: Zimmerman
17. MOTHER — First: Prieda; Middle: -; Last (Maiden Name): Stephens
18. INFORMANT — NAME and relationship to deceased: Rose Zimmerman / Wife

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, TRANSIT (Specify): Cremation
19b. CEMETERY OR CRIBMATORY — NAME: Eternal Hills Memorial Gardens
19c. LOCATION — city or town, state: Klamath Falls, Or.
20a. FUNERAL SERVICE LICENSEE or person acting as such — Signature: [signature]
20b. NAME AND ADDRESS OF FACILITY: HARD'S - 1945 Main - Klamath Falls, Oregon - 97601

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. — Signature: [signature]
21b. DATE SIGNED (Mo., Day, Year): Jan. 4, 1988
21c. HOUR OF DEATH: 1141 M
21d. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 1900 Main St. / Klamath Falls, Oregon / ZIP 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by Certifier Only

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JAN 8 S 1988
22b. REGISTRAR — Signature: Michelle Botkiff

CAUSE OF DEATH

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

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]
PART I (a): Respiratory Arrest — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Advanced COPD - Dehydration Enteritis — Interval between onset and death: Yrs - Days
(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): ASHD
24. AUTOPSY (Specify Yes or No): No
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

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)
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

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

RESERVED FOR REGISTRAR'S USE:

45-2 Rev 5-86

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 JAN 19 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow, Inc. the 23rd day of March A.D., 19 88 at 3:26 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 4079.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Return: AT & E