CERTIFICATION OF VITAL RECORD

A-1372
I. D. TAG NO.

136
Local File Number

S6395

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M88 Page 6037

136-
State File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME — First: Roy; Middle: Leon; Last: INNESS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): April 11, 1988
4. SOCIAL SECURITY NUMBER: 441-18-0535
5a. AGE - Last Birthday (Years): 69
5b. UNDER 1 YEAR — Mos. / Days:
5c. UNDER 1 DAY — Hours / Mins.:
6. BIRTHPLACE (City and State or Foreign Country): Atwood, Colorado
7. DATE OF BIRTH (Month, Day, Year): May 27, 1918
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.): Boiler Fireman
10b. KIND OF BUSINESS/INDUSTRY: Civil Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Rose Mary
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Merrill
13d. STREET AND NUMBER: Falvey Road (P.O. Box 415)
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97633
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): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Walter Elmer Inness
18. MOTHER - NAME first middle maiden: Ellen Jane Welburn
19. INFORMANT - NAME and relationship to deceased: Rose Mary Inness, wife

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Ford
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: 5:41 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) [signature] M.D.
26. DATE SIGNED (Month, Day, Year): April 11, 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Earle M. LeVernois, 2628 Campus Drive, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINTER
27a. TIME OF DEATH: M
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

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) Mult Myel Organ Failure — Interval between onset and death: Terminal
(b) Sepsis — Interval between onset and death: 2 wks
(c) Adult Resp. Distress Syndrome — Cumulative heart failure — Interval between onset and death: 3 wks
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART 1 (a): Aortic Aneurysm

35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined Manner ☐ Homicide
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY occurred
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?
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 Bathiff
38. DATE FILED (Month, Day, Year): APR 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

APR 12 11 52 '88

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

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

DATE ISSUED APR 12 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 Rose Mary Inness
of April A.D., 19 88 at 1:52 o'clock P M., and duly recorded in Vol. M88, the 18th day
of Deeds on Page 6037.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha A. Letsch