CERTIFICATION OF VITAL RECORD

20090
I. D. TAG NO.

144
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

Vol. M88 Page 6209

865 17

DECEDENT

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Viola	Ellen	KENASTON	F	April 15, 1988

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Mos. / Days	5c. UNDER 1 DAY Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
557-28-0179	68			Moleau, Sask, Canada	September 8, 1919

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)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
3941 Barry Avenue	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Housewife	Homemaking	Married	Everett W. Kenaston

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	3941 Barry Avenue

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	97603	Specify: ☒ No ☐ Yes	White		

PARENTS

17. FATHER - NAME first	middle	last	18. MOTHER - NAME first	middle	maiden	19. INFORMANT - NAME and relationship to deceased
Vivian	I.	Beem	Emma	K.	Hansen	Everett W. Kenaston, husband

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Eternal Hills Memorial Gardens	Klamath Falls, Oregon 97603

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
William F. Davenport	47 3104	Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH	24. WAS MEDICAL EXAMINER NOTIFIED?
12:20 P M	☐ Yes ☒ No

25. To the best of my knowledge death occurred at the time, date, place and due to the cause(s) stated. (Signature) W. Bartlett

26. DATE SIGNED (Month, Day, Year) April 18, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINTER

27a. TIME OF DEATH	27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	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/MEDICAL EXAMINER (Type or Print) William A. Bartlett, MD, 2300 Clairmont, 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 →

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.

		Interval between onset and death
PART I (a)	DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Failure	10 months
(b)	DUE TO, OR AS A CONSEQUENCE OF: Severe Emphysema	20 years
(c)	DUE TO, OR AS A CONSEQUENCE OF: Tobacco Dependence	45 years
PART II	OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)	

33. AUTOPSY ☐ Yes ☒ No

34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner		M	☐ Yes ☒ No	

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 Bartoff

38. DATE FILED (Month, Day, Year) APR 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

ORIGINAL—VITAL STATISTICS COPY

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

45-2 REV. 1-88

DATE ISSUED APR 19 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

DEPT OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY 1915

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Everett W. Kenaston the 20th day of April A.D., 19 88 at 1:33 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 6209.

FEE $5.00

Evelyn Biehn County Clerk
By Demetha M. Ketch