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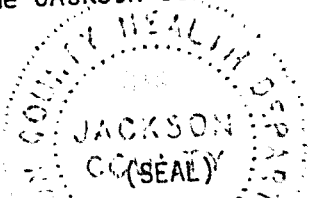
B-8162
I.D. TAG NO.OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. 1788 Page 6497

Local File Number		State File Number	
1. DECEASED'S NAME First: Tom Last: Curley LEGG		2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 6, 1988
4. SOCIAL SECURITY NUMBER 517-30-1135	5a. AGE - Last Birthday (Years) 56	5b. UNDER 1 YEAR Days: _____	5c. UNDER 1 DAY Hours: _____
6. BIRTHPLACE (City and State or Foreign Country) Malta, Montana		7. DATE OF BIRTH (Month, Day, Year) June 20, 1931	
8a. PLACE OF DEATH (Check only one) ☐ Hospital ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Other (Specify)			
9. CITY, TOWN, OR LOCATION OF DEATH Medford		10. COUNTY OF DEATH Jackson	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Margaret	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1736 Crest Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12		17. INFORMANT - NAME and relationship to deceased Margaret Legg, wife	
18. MOTHER - NAME first middle maiden Laura Grace Raymond		19. LOCATION - City or Town, State Klamath Falls, Oregon	
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 Crematory	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William F. Navarone</i>		22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St., Klamath Falls, Oregon 97603-7194	
23. TIME OF DEATH 10:12 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) <i>John A. Walker</i>		26. DATE SIGNED (Month, Day, Year) April 7, 1988	
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) John A. Walker, MD, 691 Murphy Road #224, Medford, Oregon 97504		28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)	
29. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) upper gastrointestinal hemorrhage, hemorrhagic gastritis (b) alcoholic gastritis and alcoholic cirrhosis (c) exacerbated by alcoholic withdrawal Interval between onset and death: 3 days Interval between onset and death: 2 days Interval between onset and death: 2 days		30. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not listed in (a), (b), or (c) (Type or Print) Respiratory failure/probable pneumonia	
31. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Unexplained ☐ Suicide ☐ Homicide		32. DATE OF INJURY (Month, Day, Year)	
33. TIME OF INJURY		34. INJURY AT WORK? ☐ Yes ☒ No	
35. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		36. DESCRIBE HOW INJURY OCCURRED	
37. REGISTRAR'S SIGNATURE <i>Donna S. Collins</i>		38. DATE FILED (Month, Day, Year) APR 11 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☒ No ☐ N/A		40. WAS GIFT MADE? ☐ Yes ☒ No ☐ N/A	

STATE OF OREGON - CERTIFIED COPY OF DEATH RECORD - COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE **APR 11 1988**

Henry Collins, Jr.
REGISTRAR VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the **25th** day
of April _____ A.D., 19 **88** at **11:45** o'clock **A** M., and duly recorded in Vol. **M88**
of _____ Deeds _____ on Page **6497**.

FEE \$5.00

By *Evelyn Biehn* County Clerk
Donna S. Collins
Ret.: Margaret Legg-1736 Crest St.-Klamath Falls, Ore. 97603