Vol. M88 Page 6497

86660

B-8462
I.D. TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

Local File Number

DECEDENT

1. Decedent's Name (First, Middle, Last): Tom 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 (Mos / Days):
5c. Under 1 Day (Hours / Mins):
6. Birthplace (City and State or Foreign Country): Malta, Montana
7. Date of Birth (Month, Day, Year): June 20, 1931
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): Rogue Valley Medical Center
9c. City, Town, or Location of Death: Medford
9d. County of Death: Jackson
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): Road Construction
10b. Kind of Business/Industry: Forest Service
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
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): 12; College (1-4 or 5+):

PARENTS

17. Father - Name (first, middle, last): Earl - Legg
18. Mother - Name (first, middle, maiden): Laura Grace Raymond
19. Informant - Name and relationship to deceased: Margaret Legg, 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): Eternal Hills Crematory
20c. Location - City or Town, State: Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such: William F. Davenport
21b. License Number (Of Licensee): 47 3104
22. Name, Address and Zip of Facility: Davenport's Chapel of the Good Shepherd, 6420 South Sixth St, Klamath Falls, Oregon 97603-7194

CERTIFIER

4/8/88

TO BE COMPLETED BY CERTIFYING PHYSICIAN

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): John A. Walker MD
26. Date Signed (Month, Day, Year): April 7, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. Time of Death: M
27b. Date Pronounced Dead (Month, Day, Year, Hour): 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)

30. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): John A. Walker, MD, 691 Murphy Road #224, Medford, Oregon 97504
31. Name of Attending Physician if Other Than Certifier (Type or Print):

CAUSE OF DEATH

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) upper gastrointestinal hemorrhage/hemorrhagic gastritis — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) alcoholic gastritis and alcoholic cirrhosis — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) exaccerbated by alcoholic withdrawal — Interval between onset and death: 2 days

PART II Other significant conditions - Conditions contributing to death but not related to cause given in PART I (a): Respiratory failure/probable pneumonia

33. Autopsy: ☐ Yes ☒ No
34. If 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: M
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: Donna K. Collins
38. Date Filed (Month, Day, Year): APR 1 1 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.

Henry W. Collins, Jr.
REGISTRAR, VITAL STATISTICS

COUNTY HEALTH DEPARTMENT — JACKSON COUNTY (SEAL)

DATE APR 1 1 1988

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.

Evelyn Biehn, County Clerk
By Bernetha G. Letsch

FEE $5.00

Ret.: Margaret Legg-1736 Crest St.-Klamath Falls, Ore. 97603