CERTIFICATION OF VITAL RECORD

B 3809 — I. D. TAG NO.

92 — Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136- — State File Number

67018

Vol. M88 Page 7093

DECEDENT

1 DECEDENT'S NAME: First: Paul; Middle: Abbott; Last: WHITMAN

2. SEX: M

3. DATE OF DEATH (Month, Day, Year): March 10, 1988

4. SOCIAL SECURITY NUMBER: 700-14-0333

5a. AGE - Last Birthday (Years): 75

5b. UNDER 1 YEAR: Mos. / Days

5c. UNDER 1 DAY: Hours / Mins.

6. BIRTHPLACE (City and State or Foreign Country): Kimball, Nebraska

7. DATE OF BIRTH (Month, Day, Year): June 13, 1912

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: XX Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Klamath Convalescent 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.): Electrician

10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Grace

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 1427 Ivory St.

13e. INSIDE CITY LIMITS? ☐ Yes XX No

13f. ZIP CODE: 97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) XX 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): ; College (1-4 or 5+): 1

PARENTS

17. FATHER - NAME first middle last: Frank - Whitman

18. MOTHER - NAME first middle maiden: Lillie- Wilkinson

19. INFORMANT - NAME and relationship to deceased: Grace Whitman - 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 Mem.Gardens

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster

21b. LICENSE NUMBER (Of Licensee): 3224

22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 0410 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): Everett E Howard

26. DATE SIGNED (Month, Day, Year): 3-10-88

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Everett E. Howard, MD - 2622 Campus Dr. - Klamath Falls, Ore. 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): 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

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) METASTATIC CARCINOMA PROSTATE — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: + yrs
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)

33. AUTOPSY ☐ Yes ☒ No

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

35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide

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: Michelle Botliff

38. DATE FILED (Month, Day, Year): MAR 11 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

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45-2 REV. 1-88

DATE ISSUED MAR 2 1 1988

BS.CD CA.

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

DEPT. OF HEALTH SERVICES STATE OF OREGON 1859 KLAMATH COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Grace Whitman of May A.D., 19 88 at 4:30 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 7093.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha A Bolock

Return to: Grace Whitman--1427 Ivory st.-Klamath Falls, OR 97603