

CERTIFICATION OF VITAL RECORD

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

B 3809

I.D. TAG NO.

92

Local File Number

State File Number

Vol 1988

Page 7092

67018

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

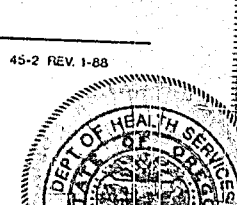
REGISTRAR

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 Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath, 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 ☐ DCA ☒ Other: 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	
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.
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) Postgraduate (17-24) Other (25-64)	
17. FATHER - NAME first middle last Frank - Whitman		18. MOTHER - NAME first middle last Lillie - Wilkinson	
19. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Removal from State ☐ Donation ☐ Other (Specify)		20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Mem. Gardens	
20b. LOCATION - City or Town, State Klamath Falls, Oregon		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster	
22. LICENSE NUMBER (Of Licensee) 3224		23. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main St. Klamath Falls, Oregon 97601	
24. TIME OF DEATH 0410		25. DATE OF DEATH March 10, 1988	
26. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) Everett E. Howard		27. 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)	
28. DATE SIGNED (Month, Day, Year) 3-10-88		29. DATE SIGNED (Month, Day, Year)	
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)			
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.)			
(a) METASTATIC CARCINOMA PROSTATE		Interval between onset and death + 1 yr	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
33. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide			
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	
34c. INJURY AT WORK? ☐ Yes ☒ No		34d. DESCRIBE HOW INJURY OCCURRED	
35. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE Michelle Batliff		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	

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 MAR 21 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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

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

Evelyn Biehn County Clerk
By Bernetha A. Deloch