B 3802
I.D. TAG NO.

132
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
136-
State File Number

Vol M88 Page 7346

CERTIFICATE OF DEATH

87174

DECEDENT

1. DECEDENT'S NAME: First: Harry; Middle: Buster; Last: GEORGE, Jr.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): April 5, 1988
4. SOCIAL SECURITY NUMBER: 542-50-2271
5a. AGE - Last Birthday (Years): 43
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): White City, Oregon
7. DATE OF BIRTH (Month, Day, Year): October 30, 1944
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) Highway
9b. FACILITY NAME (If not institution, give street and number): Highway # 58 - Milepost # 79
9c. CITY, TOWN, OR LOCATION OF DEATH: Near Chemult
9d. COUNTY OF DEATH: Klamath

1
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Truck Driver
2
10b. KIND OF BUSINESS/INDUSTRY: Log Truck
3
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
4
12. SPOUSE (If Married, Widowed): Carol
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3648 Alva St.
5
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): ; College (1-4 or 5+): 2
6

PARENTS

17. FATHER - NAME first middle last: Harry Buster George, Sr.
18. MOTHER - NAME first middle maiden: Dorothea - Gilman
19. INFORMANT - NAME and relationship to deceased: Carol George - 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 Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Tim 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
7

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 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)
26. DATE SIGNED (Month, Day, Year)
8
9

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: 1530 M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): April 5, 1988 1530 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) Robert N. Edwards MD
28a. DATE SIGNED (Month, Day, Year): April 7, 1988
COUNTY: Klamath
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert N. Edwards, MD - 2865 Daggett - 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.
PART I (a) Motor Vehicle Accident, Single Car — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Blunt Trauma, Secondary To (a) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
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?
10
11
12

REGISTRAR

35. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide
36a. DATE OF INJURY (Month, Day, Year): April 5 1988
36b. TIME OF INJURY: 1530 M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED: Single vehicle accident
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Highway
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Hwy #58 - Mi.#79 / Near Chemult
13
14
15
37. REGISTRAR'S SIGNATURE: Michelle Bathiff
38. DATE FILED (Month, Day, Year): APR 08 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

MAY 10 8 11 12 25 1988

45-2 REV. 1-88

ORIGINAL—VITAL STATISTICS COPY

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

DATE ISSUED April 11, 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carol George the 10th day of May A.D., 19 88 at 12:25 o'clock P M., and duly recorded in Vol. M88, of Deeds on Page 7346.

Evelyn Biehn County Clerk
By Bernetha A. Geloch

FEE $5.00

Return to: Carol George--3648 Alva St.--Klamath Falls, OR 97603