

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

B-8464

I.D. TAG NO.

179

Local File Number

136-

Vol. M88 Page 2926

87509

1. DECEDENT'S NAME First: <u>Ralph</u> Middle: <u>Willard</u> Last: <u>DUNCAN</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 17, 1988</u>
4. SOCIAL SECURITY NUMBER <u>512-40-8139</u>	5a. AGE - Last Birthday (Years) <u>78</u>	5b. UNDER 1 YEAR Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Canby, California</u>
7. DATE OF BIRTH (Month, Day, Year) <u>June 19, 1909</u>		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Rancher</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Agriculture</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Geneva</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>3535 Homedale Road</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+)		17. FATHER - NAME first middle last <u>Arthur Franklin Duncan</u>	
18. MOTHER - NAME first middle maiden <u>Josephine - Levelett</u>		19. INFORMANT - NAME and relationship to decedent <u>Geneva Duncan, wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mummification <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William F. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47 3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194</u>		23. TIME OF DEATH <u>2:10 P.M.</u>	
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) <u>Craig A. Bennett, M.D.</u>	
26. DATE SIGNED (Month, Day, Year) <u>May 17, 1988</u>		27a. TIME OF DEATH <u>M</u>	
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>		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	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Craig A. Bennett, MD 1905 Main Street, Klamath Falls, Oregon 97601</u>			
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) <u>Coronary Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Chronic COLD</u> DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)			
33. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
34. IF YES were findings considered in determining cause of death?			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner			
36a. DATE OF INJURY (Month, Day, Year)			
36b. TIME OF INJURY			
36c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)			
37. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>			
38. DATE FILED (Month, Day, Year) <u>MAY 17 1988</u>			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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.

DATE ISSUED MAY 18 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Geneva Duncan the 20th day of May A.D., 19 88 at 4:32 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 7926

Evelyn Biehn County Clerk
By Bernetha A. Hetch

FEE \$5.00