

CERTIFICATE OF DEATH

Local File Number _____ State File Number _____

1. DECEDENT'S NAME First Michael Middle Graham Last STEVENS

2. SEX M **3. DATE OF DEATH** May 22, 1988

4. SOCIAL SECURITY NUMBER 346-36-3250 **5a. AGE - Last Birthday (Years)** 42 **5b. UNDER 1 YEAR** Mo. Days **5c. UNDER 1 DAY** Hours Mins. **6. BIRTHPLACE (City and State or Foreign)** Chicago, Illinois **7. DATE OF BIRTH (Month, Day, Year)** September 6, 1945

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) 908 Owens St. **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.) Cook **10b. KIND OF BUSINESS/INDUSTRY** Restaurant **11. MARITAL STATUS - Married, Never Married, Widowed, Separated (Specify)** Married **12. SPOUSE (If Married, Widowed)** Sharon M. Stevens

13a. RESIDENCE - STATE Oregon **13b. COUNTY** Klamath **13c. CITY, TOWN, OR LOCATION** Klamath Falls **13d. STREET AND NUMBER** 908 Owens St.

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No **13f. ZIP CODE** 97601 **14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.)** ☒ No ☐ Yes **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

17. FATHER - NAME first Stevens last Stevens **18. MOTHER - NAME** first Shirley middle Jefferies last Stevens **19. INFORMANT - NAME and relationship to decedent** Sharon Stevens, wife

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____ **20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)** Klamath Cremation Service **20c. LOCATION - City or Town, State** Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature] **21b. LICENSE NUMBER (Of Licensee)** 3287 **22. NAME, ADDRESS AND ZIP OF FACILITY** O'Hair's Funeral Chapel, Inc.
515 Pine St., Klamath Falls, Ore.

23. TIME OF DEATH 6:00 P M **24. WAS MEDICAL EXAMINER NOTIFIED?** ☒ Yes ☐ No **27a. TIME OF DEATH** 6:00 P M **27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)** May 22, 1988 6:05 P. **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)** May 23, 1988 **COUNTY** Klamath

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.E., 2300 Clairmont St., 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.)

PART I

(a) Cumulated wound to the head **Interval between onset and death** _____

DOE TO, OR AS A CONSEQUENCE OF: _____ **Interval between onset and death** _____

(b) DOE TO, OR AS A CONSEQUENCE OF: _____ **Interval between onset and death** _____

(c) 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?** ☐ Yes ☒ No

PART II

35. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide **36a. DATE OF INJURY (Month, Day, Year)** May 22, 1988 **36b. TIME OF INJURY** 6:00 P M **36c. INJURY AT WORK?** ☐ Yes ☒ No **36d. DESCRIBE HOW INJURY OCCURRED** Self inflicted shotgun wound to head

36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence **36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)** 908 Owens St., Klamath Falls, Ore.

37. REGISTRAR'S SIGNATURE [Signature] **38. DATE FILED (Month, Day, Year)** MAY 24 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A **40. WAS GIFT MADE?** ☐ YES ☐ NO ☒ N/A

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45-2 REV. 1-88

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DATE ISSUED MAY 24 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon Stevens
of May A.D., 19 88 at 2:11 o'clock P M., and duly recorded in Vol. M88,
of Deeds on Page 8400

FEE

\$5.00

By Bernetha A. Kibick
Evelyn Biehler County Clerk