CERTIFICATION OF VITAL RECORD

Local File Number 191

Vital Records Unit

CERTIFICATE OF DEATH

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File Number 87983

DECEDENT

1. DECEDENT'S NAME: First Rollin; Middle Ankeny; Last CANTRALL
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 26, 1988
4. SOCIAL SECURITY NUMBER: 543-10-0024
5a. AGE - Last Birthday (Years): 82
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Oregon
7. DATE OF BIRTH (Month, Day, Year): August 4, 1905
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)

1 — 9b. FACILITY NAME (If not institution, give street and number): 2440 Homedale Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath

2 — 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Office Manager
10b. KIND OF BUSINESS/INDUSTRY: Lumber Manufacturing
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Donna

3 — 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2440 Homedale Road

4 — 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
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+): 4

5 — **PARENTS**
17. FATHER - NAME first middle last: Roscoe - Cantrall
18. MOTHER - NAME first middle maiden: Nannie - Ankeny
19. INFORMANT - NAME and relationship to deceased: Donna W. Cantrall, wife

6 — **DISPOSITION**
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97601

7 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): 47 3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7191

8 — **CERTIFIER**

TO BE COMPLETED BY CERTIFYING PHYSICIAN

9 — 23. TIME OF DEATH: 7:10 A 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): Jon S. Wayland
26. DATE SIGNED (Month, Day, Year): May 27, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
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

10 — 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon S. Wayland, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

11 — 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

12 — CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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) Cancer of bladder (transitional cell) — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: Unknown
(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 I (a).

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

13 — 35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY occurred

14 — 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)

15 — **REGISTRAR**
37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED (Month, Day, Year): MAY 27 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

88 JUN 7 PM 2 13

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED MAY 27, 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donna A. Cantrall
of June A.D., 19 88 at 2:13 o'clock P M., and duly recorded in Vol. M88, the 7th day
of Deeds on Page 8782.

FEE $8.00

Evelyn Biehn County Clerk
By Bernetha A. Kelsch

Return to: Robert Boivin--Boivin Bldg.-Klamath Falls, OR 97601