CERTIFICATION OF VITAL RECORD

MTC-19976-P ACC

D-2616
I.D. TAG NO.

88410
Local File Number

152

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

Vol. M88 Page 9527
State File Number

DECEDENT

1. DECEDENT'S NAME: First Ina; Middle Mae; Last OLIVER
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): April 19, 1988
4. SOCIAL SECURITY NUMBER: 492-26-1092
5a. AGE - Last Birthday (Years): 80
5b. UNDER 1 YEAR: Mos. Days
5c. UNDER 1 DAY: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Brandon, Mississippi
7. DATE OF BIRTH (Month, Day, Year): June 28, 1907
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)
9b. FACILITY NAME (If not institution, give street and number): Merle West Hospital
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.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Sanders
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 3918 Green Springs Drive
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 Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: John William Cooper
18. MOTHER - NAME first middle maiden: Eva Inez Dickson
19. INFORMANT - NAME and relationship to deceased: Boyde D. Oliver Son

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): Siskiyou Memorial Park
20c. LOCATION - City or Town, State: Medford, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Pam Liddle
21b. LICENSE NUMBER (Of Licensee): 3418
22. NAME, ADDRESS AND ZIP OF FACILITY: Perl Funeral Home 426 W. 6th Street Medford, OR 97501

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 10:30 ☐ 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): M. Liddle
26. DATE SIGNED (Month, Day, Year): 4/19/88

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

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John J. Kleeman, M.D. 1905 Main Street 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) Myocardial Infarction — Interval between onset and death: 8 days
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: Anemia — Interval between onset and death: yrs.
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

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
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)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Batdorf
38. DATE FILED (Month, Day, Year): APR 20 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

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

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED MAY 02 1988

RETURN - MTC

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 21 day of June A.D., 19 88 at 9:38 o'clock A. M., and duly recorded in Vol. M88, of Deeds on Page 9527.

Evelyn Biehn, County Clerk
By Doreen Mullendore

FEE 8.00

88 JUN 21 AM 9 38