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46008 I.D. TAX NO.

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

Local File Number

136- State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ernest	Eugene	WORMINGTON	M	August 8, 1988

4. SOCIAL SECURITY NUMBER	5. AGE - Last Birthday (Years)	5a. UNDER 1 YEAR Months	5b. UNDER 1 DAY Hours	Minutes	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
563-46-5037	56				Holtville, California	July 7, 1932

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) Campground

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
North Fork Campground near Fish Lake	White Approx. 28 miles E of City	Jackson

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Activities Coordinator	Nursing Home Corporation	Married	Barbara J.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	1810 N. El Dorado

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary, Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97601	☐ No ☐ Yes Specify	White	12	

17. FATHER - NAME First	Middle	Last	18. MOTHER - NAME First	Middle	Maiden	19. INFORMANT - NAME and relationship to deceased
John		Wormington	Mabel		Herring	Barbara J. Wormington - Wife

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Robert M. Hall 8/15/88	3283	Davenports Chapel 6420 S. 6th. Klamath Falls, OR 97601

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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH Approx. 9:00 P.M. — 27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 8-8-88 9:00 P.M.

28. On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) Michael Robinson D.O. M.E.

29. DATE SIGNED (Month, Day, Year) 8-11-88 — COUNTY Jackson

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Michael Robinson, D.O., M.E. 524 Manzanita Central Point, Oregon 97502

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

CAUSE OF DEATH

	32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) OR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.	Interval between onset and death
PART I (a)	Arteriosclerotic Heart Disease	
(b)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
PART II (d)	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

35. MANNER OF DEATH	36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY M	36c. INJURY AT WORK?	36d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined			☐ Yes ☒ No	

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	38. DATE FILED (Month, Day, Year)
Nancy K. Collins	AUG 12 1988

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

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON
ORIGINAL - VITAL STATISTICS COPY
45-2 REV 1-88

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE AUG 12 1988 (SEAL)

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day of Aug. A D., 1988 at 2:04 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 13265.

FEE $8.00

County Clerk

By Pauline Mercadante

Return: Barbara Wormington
1810 N. Eldorado, Klamath Falls, Or. 97601

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