

21068

I.D. TAG NO.

308

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

CERTIFIER

10

11

12

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

REGISTRAR

13

14

15

1. DECEDENT'S NAME First: John Middle: Bernard Last: MC CULLEY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 18, 1988
4. SOCIAL SECURITY NUMBER 540-44-2967-A		5a. AGE - Last Birthday (Years) 93	5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. UNDER 1 HOUR 5e. UNDER 1 MINUTE
6. PLACE OF BIRTH (City and State or Foreign) Shawano, Wisconsin		7. DATE OF BIRTH (Month, Day, Year) December 8, 1894	
8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		9. DECEASED'S RESIDENCE (Specify)	
10. FACILITY NAME (If not institution, give street and number) Mountain View Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Rancher	
14. KIND OF BUSINESS/INDUSTRY Sheep		15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. SPOUSE (If Married, Widowed) Elizabeth		17. RESIDENCE - STATE Oregon	
18. COUNTY Klamath		19. CITY, TOWN, OR LOCATION Malin	
20. STREET AND NUMBER Box 13		21. HIGHWAYS Malin & Merrill Highways	
22. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. ZIP CODE 97632	
24. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		25. RACE American Indian, Black, White, etc. (Specify) White	
26. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12		27. FATHER - NAME first middle last Peter - McCulley	
28. MOTHER - NAME first middle maiden Elizabeth		29. INFORMANT - NAME and relationship to deceased Elizabeth McCulley, wife	
30. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Malin Community Cemetery	
32. LOCATION - City or Town, State Malin, Oregon		33. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merid Reid	
34. LICENSE NUMBER (If Licensed) 3329		35. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.	
36. TIME OF DEATH 11:05 A.M.			
37. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED. (Signature) Randal A. Machado, M.D.			
39. DATE SIGNED (Month, Day, Year) August 19, 1988			
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal A. Machado, M.D., 1905 Main Street, Klamath Falls, Oregon 97601			
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
42. 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) Renal Failure DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Disease DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a). Gastric Intestinal Bleed, Carcinoma of Prostate, Gout			
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide		44. DATE OF INJURY (Month, Day, Year) M	
45. TIME OF INJURY M		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
51. YES were findings considered in determining cause of death?		52. REGISTRAR'S SIGNATURE Michelle Battuff	
53. DATE FILED (Month, Day, Year) Aug 19 1988		54. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
55. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		56. RESERVED FOR REGISTRAR'S USE	

ORIGINAL - VITAL STATISTICS COPY

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

45-2 REV 1-88

DATE ISSUED AUG 22 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charles McCulley the 30th day of Aug. A.D. 19 88 at 11:49 o'clock A.M., and duly recorded in Vol. M88 of Deeds on Page 14055

Evelyn Biehn County Clerk

FEE \$8.00

Return: Charles McCulley

HC 62, Box 87, Malin, Or. 97632

By Caroline Muddalore