42936
I.D. TAG NO.

314
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Raymond; Middle: Brock; Last: JONES
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 23, 1988
4. SOCIAL SECURITY NUMBER: 540 14 3534
5a. AGE - Last Birthday (Years): 75
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): London, Kentucky
7. DATE OF BIRTH (Month, Day, Year): October 1, 1912
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): 6th & Potter
9c. CITY, TOWN, OR LOCATION OF DEATH: Crescent
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Master Mechanic
10b. KIND OF BUSINESS/INDUSTRY: Heavy Equipment
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Clyda
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Crescent
13d. STREET AND NUMBER: 6th & Potter
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97733
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): 11; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Frank Riley Jones
18. MOTHER - NAME first middle maiden: Mary Ann Brock
19. INFORMANT - NAME and relationship to deceased: Clyda Jones Wife

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): Pilot Butte Cemetery
20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ann L Kumiski
21b. LICENSE NUMBER (Of Licensee): 0087
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N. W. Irving Bend, OR 97701

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 2:40 P. 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): August 24, 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

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Thomas A. Warlick, M. D. 1501 N.E. Medical Center Drive Bend, OR 97701
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Alan C. Hillis, M. D.

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) CHRONIC OBSTRUCTIVE PULMONARY DISEASE — Interval between onset and death: YRS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

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 Bastiff
38. DATE FILED (Month, Day, Year): AUG 25 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

45-2 REV. 1-86

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DATE ISSUED AUG 25 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Niswonger-Reynolds, Inc. the 1st day of Sept. A.D., 19 88 at 11:46 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 14252.

Evelyn Biehn, County Clerk
By Doreene Muellenaire

FEE $8.00
Return: Niswonger-Reynolds, Inc.
Box 229, Bend, Or. 97709