CERTIFICATION OF VITAL RECORD

21079
I.D. TAG NO.

341
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

'88 SEP 12 PM 12 19

DECEDENT

1. DECEDENT'S NAME: First: Earl; Middle: Leonard; Last: HITCHCOCK
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): September 3, 1988
4. SOCIAL SECURITY NUMBER: 540-14-1310
5a. AGE - Last Birthday (Years): 71
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Brown So. Dakota
7. DATE OF BIRTH (Month, Day, Year): February 11, 1917
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): H C 63, Williamson River Highway Mile Post 4
9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Rancher
10b. KIND OF BUSINESS/INDUSTRY: Cattle
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Virginia M.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Merrill
13d. STREET AND NUMBER: H C 62 Box 27
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97633
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Russell Leonard Hitchcock
18. MOTHER - NAME first middle maiden: Emma Camile Fredrickson
19. INFORMANT - NAME and relationship to deceased: Virginia M. Hitchcock

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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Russell Lee
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.

CERTIFIER

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)
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINTER

27a. TIME OF DEATH: 3:30 P.M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): September 3, 1988 4:10 P.
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) Charles D. Bury M.D.
29. DATE SIGNED (Month, Day, Year)
COUNTY: Klamath

CAUSE OF DEATH

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

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

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) Thrombosis Left Anterior Descending Coronary Artery — Interval between onset and death:
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).

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
33. AUTOPSY ☒ Yes ☐ No
34. If YES were findings considered in determining cause of death?
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 Bothell
38. DATE FILED (Month, Day, Year): SEP 7 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. 1-87

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DATE ISSUED SEP 7 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Virginia Hitchcock
of Sept. A.D., 1988 at 12:19 o'clock P.M., and duly recorded in Vol. M88 the 12th day
of Deeds on Page 14882.

FEE $8.00
Return: Virginia Hitchcock
HC 62, Box 27, Merrill, Or. 97633

Evelyn Biehn County Clerk
By Pauline Muldrow