CERTIFICATION OF VITAL RECORD

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B 3828
ID TAG NO.

480
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First JULIA; Middle KATHERINE; Last FERNANDEZ

2 DATE OF DEATH (month, day, year): December 17, 1987

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE — Last birthday (years): 45

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): January 9, 1942

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Washington

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Manuel

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): NO

13 SOCIAL SECURITY NUMBER: 543-44-8225

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

14b KIND OF BUSINESS OR INDUSTRY: Restaurant

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Bly

15d STREET AND NUMBER OR R.F.D.: PO Box 588 ZIP: 97622

15e Inside City Limits (specify yes or no):

16 FATHER — NAME first middle last: Jerald - Keffer

17 MOTHER — first middle last (Maiden Name): Julia K. Lermusiaux

18 INFORMANT — NAME and relationship to deceased: Manuel Fernandez - Husband

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Oregon 97601

CERTIFIER — To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a (Signature): Thomas E. Klumpp MD

21b DATE SIGNED (Mo., Day, Year): 12/18/87

21c HOUR OF DEATH: 0447 M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Thomas Klump, MD - 2600 Clover - Klamath Falls, Oregon ZIP: 97601

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): DEC 22 1987

22b REGISTRAR (Signature): Michelle Batliff

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) RESPIRATORY ARREST — Interval between onset and death: FEW MINUTES

DUE TO, OR AS A CONSEQUENCE OF:

(b) INTRACEREBRAL HEMORRHAGE, R. BASAL GANGLIA — Interval between onset and death: 30 HOURS

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 I (a): NONE

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year):

26c HOUR OF INJURY: M

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES☐ NO☐ N/A☐

WAS GIFT MADE? YES☐ NO☐ N/A☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

43-2 Rev. 6-86

$8.00

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

DATE ISSUED DEC 22 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Manuel Fernandez the 28th day of Sept. A.D., 1988 at 11:22 o'clock A. M., and duly recorded in Vol. M88, of Deeds on Page 16159.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00

Return: Manuel Fernandez
P.O. Box 588, Bly, Or. 97622