

92307

Vol. 288 Page 16715

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCESVital Records Unit
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Jentry Middle: Lee Last: NIX Sr.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 28, 1988
4. SOCIAL SECURITY NUMBER 304-32-1806	5a. AGE - Last Birthday (Years) 53	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Primm, Arkansas
7. DATE OF BIRTH (Month, Day, Year) Oct. 11, 1934		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
8b. COUNTY OF DEATH Lane		9c. CITY, TOWN, OR LOCATION OF DEATH Eugene	
9b. FACILITY NAME (If not institution, give street and number) Sacred Heart Hospital		10b. KIND OF BUSINESS/INDUSTRY Automotive	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Automotive Technician		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Shirley		13d. STREET AND NUMBER 4451 Allyn Street	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. ZIP CODE 97603		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9		17. FATHER - NAME first middle last Roscoe - Nix	
18. MOTHER - NAME first middle maiden Martha E. McCorn		19. INFORMANT - NAME and relationship to deceased Jentry L. Nix Jr. - Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematorium	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Perry D. Imoore		21b. LICENSE NUMBER (Of Licensee) 3277	
22. NAME, ADDRESS AND ZIP OF FACILITY Chapel of The Good Shepherd Klamath Falls, Ore. 97603		23. TIME OF DEATH 1140 A M	
24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) [Signature]	
26. DATE SIGNED (Month, Day, Year) 7/28/88		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) Foster F. Keene M.D. 677 East 12th Eugene, Oregon 97401			
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) <u>Heart coronary occlusion (myocardial infarct)</u> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. If YES were findings considered in determining cause of death?			
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			
36a. DATE OF INJURY (Month, Day, Year)			
36b. TIME OF INJURY M			
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)			
37. REGISTRAR'S SIGNATURE Sheila M. Nealey Deputy			
38. DATE FILED (Month, Day, Year) REC'D AUG 2 1988			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
40. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			

ORIGINAL-VITAL STATISTICS COPY

45-2 REV. 1-85

STATE OF OREGON, COUNTY OF LANE

DATE August 2, 1988

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A
RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION.After Recording Return to:
Shirley M. Nix
4451 Allyn
Klamath Falls, OR 97601David L. White
Registrar of Vital StatisticsBy Sheila M. Nealey
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

12/20/21

[illegible]

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Mountain Title Co. the 6th day
of Oct. A.D., 19 88 at 10:12 o'clock A. M., and duly recorded in Vol. M88
of _____ of Deeds on Page 16715.

FEE \$13.00

Evelyn Biehn . County Clerk
By *Caroline Muller*

1. NAME OF THE VESSEL (Print Name) <div style="text-align: center; font-size: 2em; font-weight: bold;">M/V</div>		2. DATE OF DEPARTURE (Month/Day/Year) <div style="text-align: center; font-size: 1.5em;">10/25/88</div>		3. TIME OF DEPARTURE (Hour/Minute) <div style="text-align: center; font-size: 1.5em;">1400</div>	
4. PORT OF ORIGIN (Print Name) <div style="text-align: center; font-size: 1.2em;">NEW YORK</div>		5. PORT OF DESTINATION (Print Name) <div style="text-align: center; font-size: 1.2em;">NEW YORK</div>		6. TYPE OF VESSEL (Print Name) <div style="text-align: center; font-size: 1.2em;">M/V</div>	
7. NAME OF CAPTAIN (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		8. NAME OF MASTER (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		9. NAME OF OWNER (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>	
10. NAME OF OPERATOR (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		11. NAME OF CHARTERER (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		12. NAME OF CARGO (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>	
13. NAME OF CREW (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		14. NAME OF PASSENGER (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>		15. NAME OF CARGO (Print Name) <div style="text-align: center; font-size: 1.2em;">J. J. JONES</div>	
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Y400 COLLEGE BATH - JAVIER

DATE: August 1988

RECORD OF DEATHS IN FILE WITH THE LAKE COUNTY HEALTH DIVISION.

Registrar of Vital Statistics

Deputy Resident

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DIVISION, STATE OF OREGON