Local File Number: 418

Vital Records Unit
CERTIFICATE OF DEATH

State File Number: 136-

DECEDENT

1. DECEDENT'S NAME: First: Dale; Middle: Robert; Last: WHITAKER
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): November 3, 1988
4. SOCIAL SECURITY NUMBER: 544-98-8739
5a. AGE - Last Birthday (Years): 23
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Walnut Cree, Cal.
7. DATE OF BIRTH (Month, Day, Year): July 23, 1965
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. 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): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath

1 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Apprentice Carpenter
2 10b. KIND OF BUSINESS/INDUSTRY: Construction
3 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married
4 12. SPOUSE (If Married, Widowed): -
5 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5807 Delaware Avenue
6 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Donald Robert Whitaker
18. MOTHER - NAME first middle maiden: Rosemary - Bickert
19. INFORMANT - NAME and relationship to deceased: Donald Robert Whitaker and Rosemary Whitaker

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
7 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Bird
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

8 TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: M
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
9 25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
10 26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: 9:10 A M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 3, 1988 9:10 AM
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., M.E
29. DATE SIGNED (Month, Day, Year): November 4, 1988 COUNTY: Klamath

11 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
12 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Cerebral Contusion Extensive — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) MVA. — 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 I (a)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

13 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: Driver of pickup drove off of road, and ejected.
14 36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Road
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Old Fort Road & Loma Linda Dr. Klamath Falls, Oregon

REGISTRAR

15 37. REGISTRAR'S SIGNATURE: Marcia Kennedy
38. DATE FILED (Month, Day, Year): NOV 4 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

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

8.00

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

DATE ISSUED NOV 4 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald Whitaker the 18th day of Nov. A.D., 19 88 at 11:33 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 19527.

Evelyn Biehn County Clerk

By Pauline Mullinaux

FEE $8.00

Donald Whitaker
5925 Delaware, Klamath Falls, Or. 97603