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Form VS-101
REV. 1-78

TYPE OR PRINT IN PERMANENT INK

STATE FILE NUMBER

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS – JUNEAU, ALASKA 99811

RECORDER'S NO. 88-756-D

DATE RECEIVED

NOV 21 PM 3 12

DECEASED

1 DECEASED – NAME (FIRST, MIDDLE, LAST): James Dale Singler

2 SEX: Male

3 RACE (SPECIFY): Caucasian

4 DATE OF DEATH (MONTH, DAY, YEAR): November 3, 1988

5a AGE – LAST BIRTHDAY: 55 YEARS

5b UNDER 1 YEAR – MONTH / DAYS

5c UNDER 1 DAY – HOURS / MINUTES

6 DATE OF BIRTH (MONTH, DAY, YEAR): July 19, 1933

PLACE OF DEATH: ALASKA

RECORDING DISTRICT 7a: Third

7b CITY, VILLAGE OR LOCATION: Anchorage

7c HOSPITAL OR OTHER INSTITUTION – NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Providence Hospital

7d STREET AND NUMBER: 3200 Providence Dr.

8 IF HOSP. OR INST. INDICATE – D.O.A., OUTPATIENT, EMER. RM., INPATIENT (SPECIFY): Inpatient

9 WAS DECEASED EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNKNOWN

10 LENGTH OF STAY IN ALASKA: 1 week

11 STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY): Medford, Oregon

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

13 MARITAL STATUS: [ ] NEVER MARRIED [X] MARRIED [ ] WIDOWED [ ] DIVORCED

14 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Violet A. Overstreet

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

15 SOCIAL SECURITY NUMBER: 543-20-6818

16a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Manager

16b KIND OF BUSINESS OR INDUSTRY: U.S. West Communications

17a RESIDENCE – STATE: Oregon

17b RECORDING DISTRICT OR COUNTY: Klamath

17c CITY, VILLAGE OR LOCATION: Klamath Falls

17d INSIDE CITY LIMITS [X] YES [ ] NO

17e STREET AND NUMBER: 4901 Driftwood Dr.

PARENTS

18 FATHER – NAME (FIRST, MIDDLE, LAST): Richard Singler

19 MOTHER – MAIDEN NAME (FIRST, MIDDLE, LAST): Velma Moore

20 INFORMANT – NAME: Violet Singler

21 MAILING ADDRESS – STREET OR P.O. BOX NO., CITY, VILLAGE, STATE, ZIP CODE: 4901 Driftwood Dr, Klamath Falls, Oregon 97603

DISPOSITION

22a [ ] BURIAL [X] REMOVAL [ ] CREMATION [ ] DONATED

22b DATE (MONTH, DAY, YEAR): 11-5-88

22c CEMETERY OR CREMATORY – NAME AND LOCATION (CITY OR VILLAGE, STATE): Medford, Oregon

23 PERMIT ISSUED BY: Anchorage

24a FUNERAL DIRECTOR – SIGNATURE: R. D. Rome

24b FUNERAL HOME – NAME AND ADDRESS (STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE): Evergreen Memorial Chapel Box 100537, Anchorage, AK 99510

CERTIFIER

CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURED ON THE DATE AND DUE TO THE CAUSE(S) STATED

25 HOUR OF DEATH: 1259

26a DATE PRONOUNCED DEAD – MONTH: 11 DAY: 3 YEAR: 88

26b HOUR: 1259p M

27a SIGNATURE: Robert Neubauer MD

DEGREE OR TITLE: MD

27b NAME (TYPE OR PRINT): RICHARD NEUBAUER

27c DATE SIGNED (MONTH, DAY, YEAR): 11/4/88

27d MAILING ADDRESS – STREET OR P.O. BOX NO., CITY OR VILLAGE, STATE, ZIP CODE: 2841 DeBarr Suite 23

28a RECORDER – SIGNATURE: DSenter

28b ADDRESS: Anchorage

28c DATE RECORDED (MONTH, DAY, YEAR): November 7, 1988

CAUSE

29 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) SEE REVERSE SIDE

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE (PRINT OR TYPE)

(a) Pulmonary Embolus (likely) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(b) Cerebrovascular Accident

DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Diabetes

30 AUTOPSY [ ] YES [X] NO

31a [ ] ACCIDENT [ ] HOMICIDE [ ] SUICIDE [ ] UNDETERMINED

31b DATE OF INJURY (MONTH, DAY, YEAR)

31c HOUR

31d DESCRIBE HOW INJURY OCCURED

31e INJURY AT WORK [ ] YES [ ] NO

31f PLACE OF INJURY (AT HOME, CANNERY, ETC. SPECIFY)

31g LOCATION – STREET AND NUMBER, CITY, OR VILLAGE OR LOCATION, STATE, ZIP CODE

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