Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT

1. DECEDENT'S NAME — First: Clifford; Middle: Herbert; Last: MACY
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): December 5, 1988
4. SOCIAL SECURITY NUMBER: 541-07-7235
5a. AGE - Last Birthday (Years): 63
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Malta, Montana
7. DATE OF BIRTH (Month, Day, Year): December 24, 1914
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): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Optician
10b. KIND OF BUSINESS/INDUSTRY: Columbian Optical Co.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lois E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4659 Denver Avenue
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: David Herbert Macy
18. MOTHER - NAME first middle maiden: Julia — Geror
19. INFORMANT - NAME and relationship to deceased: Lois E. Macy, wife

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 Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 03:50 AM
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): Kenneth L. Tuttle MD
26. DATE SIGNED (Month, Day, Year): December 5, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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): Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601
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) Respiratory failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 5 days
(b) Chronic lung disease — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 6 months
(c) Pneumonia — Interval between onset and death: 2 months

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?

REGISTRAR

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
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: Nancy Kennedy
38. DATE FILED (Month, Day, Year): DEC 5 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

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

DATE ISSUED DEC 6 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lois Macy the 12th day of Dec. A.D., 19 88 at 2:42 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 21130.

Evelyn Biehn County Clerk

By Pauline Musselman

FEE $8.00
Return: Lois Macy
4659 Denver, Klamath Falls, Or. 97603