

CERTIFICATION OF VITAL RECORD

I.D. TAG NO.

23

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138-

State File Number

1. DECEASED'S NAME First Middle Last Theodore ST. THOMAS, JR.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 11, 1989
4. SOCIAL SECURITY NUMBER 540-10-3052	5a. AGE - Last Birthday (Years) 74	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) LaPine, OR.
7. DATE OF BIRTH (Month, Day, Year) September 11, 1914		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Main Street		10. CITY, TOWN, OR LOCATION OF DEATH Crescent	
11. COUNTY OF DEATH Klamath		12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Log Truck Driver, Ret.		14. KIND OF BUSINESS/INDUSTRY Timber	
15. RESIDENCE - STATE Oregon		16. STREET AND NUMBER Main Street	
17. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. ZIP CODE 97733	
19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		20. RACE American Indian, Black, White, etc. (Specify) White	
21. DECEASED'S EDUCATION (Specify only highest grade completed) 10		22. INFORMANT - NAME and relationship to deceased Agnes B. St. Thomas - Wife	
23. FATHER - NAME first middle last Theodore St. Thomas, Sr.		24. MOTHER - NAME first middle maiden Erma Parker	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Oregon Cremation Association	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. Houghton</i>		28. LICENSE NUMBER (Of Licensee) 1179	
29. DATE FILED (Month, Day, Year) January 11, 1989		30. NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc. 105 N.W. Irving, Bend, OR 97701	
31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		32. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH M <input type="checkbox"/> Yes <input type="checkbox"/> No		34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 10:15 A M	
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Stephen L. Knapp</i>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) January 11, 1989 10:30 A M	
36. DATE SIGNED (Month, Day, Year)		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Stephen L. Knapp M.D.</i>	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Stephen L. Knapp, M.D., 726 N.W. Wall, Bend, Oregon 97701		33. DATE SIGNED (Month, Day, Year) (for Klamath Co.) January 11, 1989	
38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. COUNTY Deschutes	
39. 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) Self-inflicted gunshot wound to the abdomen (40 gauge)		Interval between onset and death seconds	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention		41a. DATE OF INJURY (Month, Day, Year) 1/11/89	
41b. TIME OF INJURY 10:15 A M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		41e. DESCRIBE HOW INJURY OCCURRED Shotgun wound, to the chest (40 gauge)	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Main Street, Crescent, Klamath, OR			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED **JAN 17 1989**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 24th day
of Jan. A.D., 19 89 at 11:25 o'clock A.M., and duly recorded in Vol. M89,
of _____ Deeds _____ on Page 1388.
Evelyn Biehn County Clerk
By Marian Ackerman

FEE \$8.00

Return: Niswonger-Reynolds, Inc.
P.O. Box 229, Bend, Or. 97709

24
I.D. TAG NO.
Local File Number
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH
136
State File Number

1. DECEDENT'S NAME First: Jasper Middle: Oren Last: TERRELL		2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 14, 1989
4. SOCIAL SECURITY NUMBER 552 28 8604	5a. AGE - Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Rush Springs, OK
7. DATE OF BIRTH (Month, Day, Year) December 15, 1915		8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (if not institution, give street and number) Kurtz Road		9b. CITY, TOWN, OR LOCATION OF DEATH LaPine	
9c. COUNTY OF DEATH Klamath		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Boilermaker	
10b. KIND OF BUSINESS/INDUSTRY Manufacturing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Bulah R.		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION LaPine	
13d. STREET AND NUMBER Kurtz Road		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5+) 8	
17. FATHER - NAME first middle last Charlie Jasper Terrell		18. MOTHER - NAME first middle maiden Alice Luttrell	
19. INFORMANT - NAME and relationship to deceased Bulah R. Terrell Wife		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Central Oregon Cremation Assn.		20c. LOCATION - City or Town, State Bend, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3331	
22. NAME, ADDRESS AND ZIP OF FACILITY Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701		23. DATE FILED (Month, Day, Year) JAN 17 1989	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 10:00 A.	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>Stuart G. Garrett</i>	
30. DATE SIGNED (Month, Day, Year) January 14, 1989		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Stuart G. Garrett M.D. 1501 N. E. Medical Center Drive Bend, OR 97701	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James C. Davies, M.D.		33. 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.) (a) <i>GT Block</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Gasoline outlet obstruction</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Chronic alcohol pancreatitis</i>	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

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Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

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FEE \$8.00

Evelyn Biehn County Clerk
By *[Signature]*

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P.O. Box 229, Bend, Or. 97709