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CERTIFICATION OF VITAL RECORD

Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number

415 Local File Number

DECEDENT

1. DECEDENT'S NAME: First Robert; Middle Thomas; Last LAFFERTY
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): October 24, 1988
4. SOCIAL SECURITY NUMBER: 543-10-1110
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Davidson, Canada
7. DATE OF BIRTH (Month, Day, Year): August 12, 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): West Care 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.): Tally-man
10b. KIND OF BUSINESS/INDUSTRY: Weyerhauser Lumber Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Anna Marie
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 343 Hillside
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Henry Thomas Lafferty
18. MOTHER - NAME first middle maiden: Florence Evelyn Burke
19. INFORMANT - NAME and relationship to deceased: Anna Marie Lafferty- Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eagle Point National Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Ore.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: WARD's / 1945 Main St. Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 8:00 P. M
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): James M Beggs MD
26. DATE SIGNED (Month, Day, Year): 11/5/88
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James Beggs, MD - 2300 Clairmont - Klamath Falls, Oregon 97601

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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Multifocal Glioblastoma — Interval between onset and death: 3 mos
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(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 ☐ 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: Darcy 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

45-2 REV. 1-88

ORIGINAL—VITAL STATISTICS COPY

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 1859

DEPT. OF HEALTH SERVICES STATE OF OREGON 1859 KLAMATH COUNTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Anna Marie Lafferty the 8th day of Feb. A.D., 19 89 at 4:31 o'clock P.M., and duly recorded in Vol. M89, of Deeds on Page 2516.

Evelyn Biehn, County Clerk
By Darlene Hendricks

FEE $8.00

Return: Anna Marie Lafferty
343 Hillside, Klamath Falls, Or. 97601