

CERTIFICATION OF VITAL RECORD

Vital Records Unit

136-

State File Number

450
Local File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME First: Eugene Last: LeRoy MINNIER		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 25, 1988
4. SOCIAL SECURITY NUMBER 219-12-3745	5a. AGE - Last Birthday (Years) 64	5b. UNDER 1 YEAR Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Portland, Oregon
7. DATE OF BIRTH (Month, Day, Year) February 8, 1924		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Electronic Technician		12. SPOUSE (If Married, Widowed) Married Virginia Mae	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5155 South Etna Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 2		17. INFORMANT - NAME and relationship to decedent Virginia Mae Minnier, wife	
18. MOTHER - NAME first middle last LeRoy - Minnier		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. LICENSE NUMBER (Of Licensor) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. TIME OF DEATH 11:30 A M	
24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		25. TO BE COMPLETED BY CERTIFYING PHYSICIAN 26. DATE SIGNED (Month, Day, Year) November 28, 1988	
27. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kenneth L. Tuttle, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601		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) Kenneth L. Tuttle MD	
29. 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) Heart Failure (b) Anterovascular heart disease (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		30. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		32. DATE OF INJURY (Month, Day, Year) M	
33. DATE OF INJURY M		34. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36. DESCRIBE HOW INJURY OCCURRED	
37. REGISTRAR'S SIGNATURE Nancy Kennedy		38. DATE FILED (Month, Day, Year) NOV 29 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

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 Virginia Minnier the 23rd day of Feb. A.D., 19 89 at 10:12 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 3278

Evelyn Biehn
By Evelyn Biehn County ClerkFEE \$8.00
Virginia Mae Minnier
5155 Etna, Klamath Falls, Or. 97603