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Vol. m89 Page 3492

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH53958
I.D. TAG NO.

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: <u>Boyd</u> Middle: <u>D.</u> Last: <u>ADAMS</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 16, 1989</u>
4. SOCIAL SECURITY NUMBER <u>440-07-1451</u>		5a. AGE - Last Birthday (Years) <u>80</u>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <u>Fairland, Oklahoma</u>		7. DATE OF BIRTH (Month, Day, Year) <u>January 25 1909</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Construction Laborer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Building and Highway Construction</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Velma F.</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>2355 California Avenue</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <u>5</u>		17. FATHER - NAME first middle last <u>Daniel Percy Adams</u>	
18. MOTHER - NAME first middle maiden <u>Effie - Wipkey</u>		19. INFORMANT - NAME and relationship to decedent <u>Velma F. Adams, wife</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merrell Reid</u>		21b. LICENSE NUMBER (Of Licensee) <u>3329</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u> <u>515 Pine St., Klamath Falls, Ore. 97601</u>		23. DATE FILED (Month, Day, Year) <u>FEB 17 1989</u>	
24. REGISTRAR'S SIGNATURE <u>Randy Kennedy</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH <u>6:35 P.</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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. (Signature) <u>Kenneth K. Magee M.D.</u>	
30. DATE SIGNED (Month, Day, Year) <u>February 17, 1989</u>		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601</u>	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. DATE SIGNED (Month, Day, Year)	
34. 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) <u>Left Ventricular Heart Failure</u> (b) <u>Probable Atherosclerotic Vascular Disease</u> (c) <u>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.</u>		35. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably	
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year)		41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41b. TIME OF INJURY <u>M</u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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 FEB 29 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Velma F. Adams the 28th day
of Feb. A.D., 19 89 at 10:46 o'clock A.M., and duly recorded in Vol. M89,
of Deeds on Page 3492.
By Evelyn Biehn County Clerk
Pauline McMillan

FEE \$8.00

Return: Velma Adams

2355 California, Klamath Falls, Or. 97601