

CERTIFICATION OF VITAL RECORD

37601 I.D. TAG NO. 367 Local File Number		OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES Vital Records Unit CERTIFICATE OF DEATH		Aspen 33086 136- State File Number	
1. DECEDENT'S NAME First: Paul Middle: WAMPLER Last: WAMPLER		2. SEX M		3. DATE OF DEATH (Month, Day, Year) September 25, 1988	
4. SOCIAL SECURITY NUMBER 560-01-3778		5a. AGE - Last Birthday (Years) 91		5b. UNDER 1 YEAR Mos. Days Hours	
6. BIRTHPLACE (City and State or Foreign Country) Knox Co., Indiana		7. DATE OF BIRTH (Month, Day, Year) September 25, 1897			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Mt. View 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 initials.) Logger / Farmer		10b. KIND OF BUSINESS/INDUSTRY Logging & Farming		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12a. RESIDENCE - STATE Oregon		12b. COUNTY Klamath		12c. CITY, TOWN, OR LOCATION Chiloquin	
12d. STREET AND NUMBER 419 Ash St.					
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97624		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) or (17-24) or (25-36) 8			
17. FATHER - NAME first middle last Harmer - Wampler		18. MOTHER - NAME first middle maiden Louise - Gilmore		19. INFORMANT - NAME and relationship to decedent Bess Wampler - Wife	
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ft. Klamath Cemetery		20c. LOCATION - City or Town, State Ft. Klamath, Oregon	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
23. TIME OF DEATH 11:00 AM		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) Kenneth K. Magee					
26. DATE SIGNED (Month, Day, Year) 9-27-88					
27. TO BE COMPLETED BY MEDICAL EXAMINER					
27a. TIME OF DEATH M		27b. DATE PRONOUNCED DEAD (Month, Day, Year) 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 K. Magee, MD - 1900 Main St. - Klamath Falls, Oregon 97601					
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) <u>Cardiac Vascular Accident</u>		Interval between onset and death <u>minutes</u>			
(b) <u>Generalized arteriosclerosis</u>		Interval between onset and death <u>hours</u>			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		Interval between onset and death			
PART II		33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. 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"/> Homicide		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY	
36c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		36d. DESCRIBE HOW INJURY OCCURRED			
37. REGISTRAR'S SIGNATURE Michelle Battif		38. DATE FILED (Month, Day, Year) SEP 30 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			
RESERVED FOR REGISTRAR'S USE					

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45-2 REV. 1-88

DATE ISSUED SEP 30 1988

Return To: Ms. Alter, 4241 Hwy 39, K. Falls, OR 97603

Marian Ackerman
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 3rd day of March A.D., 19 89 at 10:26 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 3688.

FEE \$8.00

Evelyn Biehn
County Clerk
By D. Andrew Merriam