

CERTIFICATION OF VITAL RECORD

53926

I.D. TAG NO.

101

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First Middle Last Charles B. SHORT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 26, 1989
4. SOCIAL SECURITY NUMBER 519-12-3537		5a. AGE - Last Birthday (Years) 66	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Payette, Idaho		7. DATE OF BIRTH (Month, Day, Year) October 13, 1922	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other	
9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Produce Inspector		10b. KIND OF BUSINESS/INDUSTRY U.S. Depart. Agriculture	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Doris M. Short	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Dairy		13d. STREET AND NUMBER Highway # 70 (P.O. Box 2)	
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 (0-12) College (1-4 or 5+) 12		17. FATHER - NAME first middle last Charles - Short	
18. MOTHER - NAME first middle maiden Juanita - Alsbaugh		19. INFORMANT - NAME and relationship to decedent Doris M. Short, 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) Bonanza Memorial Park		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bonanza, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Meriel Seif</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		23. DATE FILED (Month, Day, Year) FEB 28 1989	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		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 10:00 A. M.	
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. (Signature) <i>Robert P. Brouillard</i> M.D.	
30. DATE SIGNED (Month, Day, Year) February 28, 1989		31. DATE SIGNED (Month, Day, Year) February 28, 1989	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert P. Brouillard, 2865 Daggett Road, Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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.) PART I (a) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Squamous Cell Carcinoma of Tonsil		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. 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 <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year) M	
40. TIME OF INJURY M		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. 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 **MAR 1 1989**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Doris Short the 6th day of March A.D., 19 89 at 12:38 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 3830.

FEE \$8.00

Return: Doris Short

P.O. Box 2, Dairy, Or. 97625

Evelyn Biehn . County Clerk

By Nancy Kennedy