

CERTIFICATION OF VITAL RECORD

B-7227
I.D. TAG NO.
111

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: John Middle: Max Last: PALMER		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 3, 1989
4. SOCIAL SECURITY NUMBER 564-10-8088		5a. AGE - Last Birthday (M/Y/RS) 74	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Thayer, Missouri		7. DATE OF BIRTH (Month, Day, Year) February 20, 1915	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX 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"/> DOA <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 2439 Summers Lane, Space # 22		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Pipe Fitter/Steam Fitter		10b. KIND OF BUSINESS/INDUSTRY Missile Site Construction	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Irene Palmer	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2439 Summers Lane, Space # 22	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. FATHER - NAME first middle last John Franklin Palmer	
18. MOTHER - NAME first middle maiden Mary Cordie Denney		19. INFORMANT - NAME and relationship to deceased Carolynn June Smith, dau.	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrill Reid		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) MAR 7 1989	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. REGISTRAR'S SIGNATURE Nancy Kennedy	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 9:25 P. M.	
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 28a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) M.D.		28b. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 28a. TIME OF DEATH 28b. DATE PHONOUNCED DEAD (Month, Day, Year, Hour) M	
29. DATE SIGNED (Month, Day, Year) March 6, 1989		30. DATE SIGNED (Month, Day, Year) COUNTY	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert P. Brouillard, 2865 Daggett Road, Klamath Falls, Oregon 97601		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33. 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) DUE TO, OR AS A CONSEQUENCE OF: Cancer of the Stomach (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		34. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
35. MANNER OF DEATH XX 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		36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. DATE OF INJURY (Month, Day, Year)		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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45-2 REV. 1-83

DATE ISSUED MAR 7 1989

Marian Ackerman
CLERK
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John D. Palmer
of March 8, 1989 at 10:26 o'clock A.M., and duly recorded in Vol. M89
of Deeds on Page 3942

FEE \$8.00

Return: John D. Palmer

P.O. Box 461, Groveland, Ca. 95321

Evelyn Biehn - County Clerk

By [Signature]