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Vol. M89 Page 4013

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

I.D. TAG NO. 55230

136-

Local File Number 86

State File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First Emil; Middle Day; Last DANIEL
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): February 7, 1989
4. SOCIAL SECURITY NUMBER: 562-26-2186
5a. AGE - Last Birthday (Years): 66
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Hamilton, Miss.
7. DATE OF BIRTH (Month, Day, Year): January 4, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [ ] Inpatient [X] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical 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 retired.): Green - Chain
10b. KIND OF BUSINESS/INDUSTRY: Geld-Wen Lumber Co.
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Essie
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1770 Kane St.
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Homer - Daniel
18. MOTHER - NAME first middle maiden: Ada - Bedford
19. INFORMANT - NAME and relationship to deceased: Essie Daniel - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c LOCATION - City or Town, State: Klamath Falls, Ore.

REGISTRAR

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
23. DATE FILED (Month, Day, Year): FEB 2 0 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [ ] 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 1301 M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): Feb. 7, 1989 1301 M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Robert Jamison MD
COUNTY
33. DATE SIGNED (Month, Day, Year): 2/15/89 Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Jamison, MD - 2865 Daggett - Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. 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) DUE TO, OR AS A CONSEQUENCE OF: Acute & Chronic Cardiac Arrythmias — Interval between onset and death: years
(b) DUE TO, OR AS A CONSEQUENCE OF: Calcifications of Aortic & Mitral Valve rings and bi-ventricular Hypertrophy — Interval between onset and death: years
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Severe emphysema
37. Did tobacco use contribute to the death? [X] Yes [ ] No [ ] Probably [ ] Unk
38. AUTOPSY [X] Yes [ ] No
39. If YES were findings considered in determining cause of death? [X] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Undetermined Manner [ ] Suicide [ ] Homicide [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? [ ] Yes [ ] No
41d. DESCRIBE HOW INJURY Ooccurred
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-89

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 2 0 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Essie Daniel the 8th day of March A.D., 19 89 at 4:30 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 4013.

Evelyn Biehn, County Clerk
By Pauline Hillenbrand

FEE $8.00
Return: Essie DAniel
1770 Kane, Klamath Falls, Or. 97603