

CERTIFICATION OF VITAL RECORD

46059

I.D. TAG NO.

106

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

136-

State File Number

1. DECEDENT'S NAME First: <u>Eulis</u> Middle: <u>Lee</u> Last: <u>TATUM</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 1, 1989</u>
4. SOCIAL SECURITY NUMBER <u>448-16-9262</u>	5a. AGE - Last Birthday (Years) <u>64</u>	5b. Under 1 Year Mcs. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun, Oklahoma</u>
7. DATE OF BIRTH (Month, Day, Year) <u>June 8, 1924</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9c. COUNTY OF DEATH <u>Klamath</u>		10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Truck Driver</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Logging</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Arlene M.</u>		13a. RESIDENCE - STATE <u>Oregon</u>	
13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Merrill</u>	
13d. STREET AND NUMBER <u>305 Roosevelt St.</u>		14. WAS DECEASED 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) <u>White</u>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12) College (14 or 5+)</u>	
17. FATHER - NAME first middle last <u>Roy Sheen Tatum</u>		18. MOTHER - NAME first middle maiden <u>Maudie - Muncey</u>	
19. INFORMANT - NAME and relationship to decedent <u>Arlene M. Tatum, wife</u>		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) <u>Merrill I.O.O.F. Cemetery</u>		20c. LOCATION - City or Town, State <u>Merrill, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth St. Klamath Falls, Oregon 97603-7194		23. DATE FILED (Month, Day, Year) <u>MAR 3 1989</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>1800 P M</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>Robert P. Brouillard, MD</u>			
30. DATE SIGNED (Month, Day, Year) <u>March 2, 1989</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert P. Brouillard, MD. 2865 Daggett Ave. Klamath Falls, Oregon 97601</u>			
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)			
33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. 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>Malevolent lymphoma</u>		Interval between onset and death <u>6 months</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		Interval between onset and death	
PART II		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year)		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
41b. TIME OF INJURY <u>M</u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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DATE ISSUED MAR 6 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Arlene M. Tatum the 10th day
of March A.D., 19 89 at 2:08 o'clock P M., and duly recorded in Vol. M89
of Deeds on Page 4142Evelyn Biehn County Clerk
By Marian Ackerman

FEE \$8.00

Return: Arlene Tatum
P.O. Box 312, Merrill, Or. 97633