

## CERTIFICATION OF VITAL RECORD

55239  
I.D. TAG NO.104  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First <u>Millard</u> Middle <u>Franklin</u> Last <u>SHREEVE</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 27, 1989</u>
4. SOCIAL SECURITY NUMBER <u>562-03-7777</u>	5a. AGE - Last Birthday (Years) <u>86</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Kent, Oregon</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 26, 1902</u>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. COUNTY OF DEATH <u>Klamath</u>	
9c. FACILITY NAME (If not institution, give street and number) <u>2251 Eberlein</u>		9d. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Fireman</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Fire Dept.</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Esther</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>2251 Eberlein</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>97601</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. College (1-4 or 5+) <u>1</u>	
17. FATHER - NAME first middle last <u>John F. Shreeve</u>		18. MOTHER - NAME first middle last <u>Susan E. Spoonamore</u>	
19. INFORMANT - NAME and relationship to decedent <u>Esther Shreeve - Wife</u>		20. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>WARD'S / 1945 Main St. Klamath Falls, Oregon 97601</u>		23. DATE FILED (Month, Day, Year) <u>MAR 1 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	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <u>0520</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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>Edmund T. McClure</u>	
30. DATE SIGNED (Month, Day, Year) <u>2/28/89</u>		31. DATE SIGNED (Month, Day, Year) <u>2/28/89</u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Edward T. McClure, MD - 2301 Clairmont - Klamath Falls, Ore. 97601</u>		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) <u>Carcinoma of Pancreas</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>  </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>  </u> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" 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	
40. 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		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	
41b. TIME OF INJURY <u>  </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	
41f. DESCRIBE HOW INJURY OCCURRED <u>  </u>		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

## 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 1989Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

45-2 REV. 1-88

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Esther Shreeve the 15th day  
of March A.D., 1989 at 11:08 o'clock AM, and duly recorded in Vol. M89  
of Deeds on Page 4339Evelyn Biehn County Clerk  
By Marian Ackerman

FEE \$8.00

Return: Esther Shreeve  
2251 Eberlein, Klamath Falls, Or. 97601