

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

B-7243

130

136-

State File Number

1. DECEDENT'S NAME First: Opal Middle: Mae Last: ALEXANDER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 18, 1989
4. SOCIAL SECURITY NUMBER 543-10-4405	5a. AGE - Last Birthday (Year) 81	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Central Point, OR.
7. DATE OF BIRTH (Month, Day, Year) November 29, 1907		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9a. FACILITY NAME (if not institution, give street and number) Mountain View Care Center		9b. 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.) Bartender		10b. KIND OF BUSINESS/INDUSTRY Restaurant	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed) Alonzo E.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5515 Cottage Avenue	
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) Elementary/Secondary (8-12)		17. INFORMANT - NAME and relationship to decedent Alonzo E. Alexander, husband	
18. MOTHER - NAME first middle maiden Phoebe - Daggert		19. PLACE OF DEATH (Name of cemetery, crematory, or other place) Klamath Cremation Service	
20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		21. 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. REGISTRAR'S SIGNATURE Nancy Kennedy	
24. DATE FILED (Month, Day, Year) MAR 20 1989		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. TIME OF DEATH 3:00 P. M.		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Jon G. McKellar, M.D.		29. 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)	
30. DATE SIGNED (Month, Day, Year) March 20, 1989		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.D., 2300 Clairmont Street, 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) Atherosclerotic Cardiovascular Disease		35. INTERVAL BETWEEN ONSET AND DEATH	
36. DUE TO, OR AS A CONSEQUENCE OF:		37. INTERVAL BETWEEN ONSET AND DEATH	
38. DUE TO, OR AS A CONSEQUENCE OF:		39. INTERVAL BETWEEN ONSET AND DEATH	
39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Cardiac Arrhythmia		40. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
41. Did autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. If YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
43. 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		44. DATE OF INJURY (Month, Day, Year)	
45. TIME OF INJURY M		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. RESERVED FOR REGISTRAR'S USE	

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 20 1989**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Alonzo Alexander** the **22nd** day of **March**, 19 **89** at **3:20 o'clock** **P.M.**, and duly recorded in Vol. **M89** of **Deeds** on Page **4862**.Evelyn Biehn County Clerk,
By **Doreen M. Miller**FEE \$8.00
Alonzo Alexander
5515 Cottage, Klamath Falls, Or. 97603