TYPE OR PRINT IN PERMANENT BLACK INK

98690

C-7229
I.D. TAG NO.

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

Vol. M89 Page 5522

Local File Number

DECEDENT

1. DECEDENT'S NAME: First: Roy; Middle: Melton; Last: McKENNIE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 12, 1989
4. SOCIAL SECURITY NUMBER: 543-07-3696
5a. AGE - Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Stanmore, Canada
7. DATE OF BIRTH (Month, Day, Year): July 17, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Millworker
10b. KIND OF BUSINESS/INDUSTRY: Saw Mill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mazie
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1422 Siskiyou
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
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): ; College (1-4 or 5+): 1

PARENTS

17. FATHER - NAME first middle last: Henry McKennie
18. MOTHER - NAME first middle maiden: Mary Laugheed
19. INFORMANT - NAME and relationship to deceased: Mazie McKennie - Wife

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Charles J. Conger
21b. LICENSE NUMBER (Of Licensee): 3235
22. NAME, ADDRESS AND ZIP OF FACILITY: Conger-Morris Funeral Directors 715 W. Main Medford, OR 97501
23. DATE FILED (Month, Day, Year): FEB 17 1989
24. REGISTRAR'S SIGNATURE: Donna K. Collins
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [X] YES [ ] NO [ ] N/A
26. WAS GIFT MADE? [X] YES [ ] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:28 AM
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): 2/15/89
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Bruce Van Zee, MD 1025 E. Main Medford, OR 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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)

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) Pulmonic Shock — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute myocardial infarction — Interval between onset and death: days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic Heart Disease — Interval between onset and death: days

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
Chronic Renal Failure

40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [X] No
41d. DESCRIBE HOW INJURY OCCURRED
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)
37. Did tobacco use contribute to the death? [ ] Yes [ ] No [ ] Probably [X] Unk
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON — COUNTY OF JACKSON

CERTIFIED COPY OF DEATH RECORD
ORIGINAL - VITAL STATISTICS COPY

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

45-2 REV. 1-89

DATE FEB 17 1989

JACKSON COUNTY (SEAL)

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

REGISTRAR, VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mazie McKennie
of April A.D., 19 89 at 10:26 o'clock A.M., and duly recorded in Vol. M89, the 3rd day
of Deeds on Page 5522.

FEE $8.00
Return: Mazie McKennie
1422 Siskiyou, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk
By Darlene Muirhead

'89 APR 3 AM 10 26
2/17/89