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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATHC 4629
I.D. TAG NO.

136-

State File Number

1. DECEDENT'S NAME First: Wilfred Middle: Edward Last: BRAZIL, Sr.		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 3, 1989
4. SOCIAL SECURITY NUMBER 566-10-5446		5a. AGE - Last Birthday (Years) 72	5b. Under 1 Year Mcs. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Yreka, California		7. DATE OF BIRTH (Month, Day, Year) April 30, 1916	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			
9c. COUNTY OF DEATH Klamath			
10. KIND OF BUSINESS/INDUSTRY U.S. Forest Service			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married			
12. SPOUSE (If Married, Widowed) Mary			
13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath			
13c. CITY, TOWN, OR LOCATION Klamath Falls			
13d. STREET AND NUMBER 1420 Lookout			
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			
15. RACE American Indian, Black, White, etc. (Specify) White			
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12			
17. FATHER - NAME first middle last Joseph - Brazil			
18. MOTHER - NAME first middle maiden Catherine - Cardoza			
19. INFORMANT - NAME and relationship to deceased Mary Brazil - Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens			
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. Ward</i>			
21b. LICENSE NUMBER (Of Licensee) 3409			
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Funeral Home / 1945 Main St. Klamath Falls, Oregon 97601			
23. DATE FILED (Month, Day, Year) APR 10 1989			
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
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. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH 1535 M <input type="checkbox"/> P			
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) <i>Blake Berven</i>			
30. DATE SIGNED (Month, Day, Year) April 6, 1989			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601			
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. 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) Acute Myocardial Infarction			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) ASHD			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			
Metastatic Prostatic Carcinoma with renal failure			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. 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)			
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No			
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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)			

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 **APR 10 1989**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mary Brazil** the **10th** day
of **April** A.D., 19 **89** at **3:02** o'clock **P.**M., and duly recorded in Vol. **M89**
of **Deeds** on Page **6081**
By **Evelyn Biehn** County Clerk
*Debra Mueland*FEE \$8.00
Return: Mary Brazil
1420 Lookout, Klamath Falls, Or. 97601