

CERTIFICATION OF VITAL RECORD

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

C 4629  
I.D. TAG NO.

136

State File Number

Local File Number 172

1. DECEDENT'S NAME: Wilfred Edward 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:    5c. Under 1 Day:    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?  Yes  No 9a. PLACE OF DEATH (Check only one):  Hospital:  Inpatient  Outpatient  DOA  Other:  Nursing Home  Decedent's Home  Other (Specify) 9b. COUNTY OF DEATH: Klamath

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls 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

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Scaler 10b. STREET AND NUMBER: 1420 Lookout

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN, OR LOCATION: Klamath Falls 15. RACE American Indian, Black, White, etc. (Specify): White 16. DECEDENT'S EDUCATION (Specify only highest grade completed): 12

13d. ZIP CODE: 97601 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)  No  Yes 19. INFORMANT - NAME and relationship to deceased: Mary Brazil - Wife

17. FATHER - NAME first middle last: Joseph - Brazil 18. MOTHER - NAME first middle maiden: Catherine - Cardoza 20c. LOCATION - City or Town, State: Klamath Falls, Oregon

20a. METHOD OF DISPOSITION  Burial  Cremation  Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 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: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?  YES  NO  N/A 26. WAS GIFT MADE?  YES  NO  N/A

27. TIME OF DEATH: 1535 M 28. WAS MEDICAL EXAMINER NOTIFIED?  Yes  No 31a. TIME OF DEATH:    31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):    M

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [Signature] 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):   

30. DATE SIGNED (Month, Day, Year): April 6, 1989 33. DATE SIGNED (Month, Day, Year):    COUNTY:   

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):   

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) Acute Myocardial Infarction Interval between onset and death: 10 minutes  
DUE TO, OR AS A CONSEQUENCE OF:  
(b) ASHD Interval between onset and death: unknown  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) Metastatic Prostatic Carcinoma with renal failure Interval between onset and death:   

PART II 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?  Yes  No  Probably  Unk 38. AUTOPSY:  Yes  No 39. If YES were findings considered in determining cause of death?  Yes  No  N/A

40. MANNER OF DEATH:  Natural  Pending Investigation  Accident  Undetermined Manner  Suicide  Homicide  Legal Intervention

41a. DATE OF INJURY (Month, Day, Year):    41b. TIME OF INJURY:    M  Yes  No 41c. INJURY AT WORK?  Yes  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):   

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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  
[Signature]

FEE \$8.00  
Return: Mary Brazil  
1420 Lookout, Klamath Falls, Or. 97601