

## CERTIFICATION OF VITAL RECORD

46074  
I.D. TAG NO.174  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

1. DECEDENT'S NAME First: <u>Sterling</u> Middle: <u>William</u> Last: <u>HANCOCK</u>		2. SEX <u>M</u>		3. DATE OF DEATH (Month, Day, Year) <u>April 6, 1989</u>	
4. SOCIAL SECURITY NUMBER <u>529-05-3653</u>		5a. AGE - Last Birthday (Years) <u>72</u>		5b. Under 1 Year Mos. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) <u>Midway, Utah</u>		7. DATE OF BIRTH (Month, Day, Year) <u>June 12, 1916</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9c. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Deliveryman</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Retail Sales Store</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Merle V.</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>3948 Summers Lane</u>		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (9-12)</u>		17. College (1-4 or 5+) <u>12</u>	
18. FATHER - NAME first middle last <u>William - Hancock</u>		19. MOTHER - NAME first middle maiden <u>Zeda M. Wood</u>		20. INFORMANT - NAME and relationship to decedent <u>Merle V. Hancock, wife</u>	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		23. LOCATION - City or Town, State <u>Klamath Falls, Oregon 97603</u>	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		25. LICENSE NUMBER (Of Licensee) <u>53-0124</u>		26. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>	
27. DATE FILED (Month, Day, Year) <u>APR 10 1989</u>		28. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		29. REGISTAR'S SIGNATURE <u>Nancy Kennedy</u>	
30. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <u>2240 P M</u> 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH <u>M</u> 31b. DATE PRONOUNCED DEAD (Month, Day, Year) <u>M</u>		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) <u>[Signature]</u>	
33. DATE SIGNED (Month, Day, Year) <u>April 7, 1989</u>		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601</u>		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) <u>myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>respirator failure</u> DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>respirator failure</u>		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input 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 checked="" 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year) <u>M</u>	
41b. TIME OF INJURY <u>M</u>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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)			

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Merle V. Hancock  
of April A.D., 19 89 at 3:06 o'clock P M., and duly recorded in Vol. M89 day  
of Deeds on Page 6276

FEE \$8.00

Return: Merle V. Hancock

3948 Summers Ln, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk

By [Signature]