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CERTIFICATION OF VITAL RECORD									
HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH									
1. DECEDENT'S NAME First: <u>Alfred</u> Middle: <u>Chapman</u> Last: <u>CARLETON</u>		2. SEX <u>M</u>		3. DATE OF DEATH (Month, Day, Year) <u>January 22, 1989</u>					
4. SOCIAL SECURITY NUMBER <u>543-14-3476</u>		5a. AGE - Last Birthday (Years) <u>78</u>		5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>		6. BIRTHPLACE (City and State or Foreign Country) <u>Merrill, Oregon</u>		7. DATE OF BIRTH (Month, Day, Year) <u>December 25, 1910</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <u>  </u>							
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Farmer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Farming-Agriculture</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Helen A.</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Merrill</u>		13d. STREET AND NUMBER <u>Anderson Road</u>		13e. ZIP CODE <u>97633</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 (0-12)</u>		17. FATHER - NAME first middle last <u>George Herbert Carleton</u>		18. MOTHER - NAME first middle maiden <u>Elva Jane Wheeler</u>	
19. INFORMANT - NAME and relationship to deceased <u>Helen A. Carleton, wife</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>		21. LICENSE NUMBER (Of Licensee) <u>3329</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, 97601</u>		23. DATE FILED (Month, Day, Year) <u>JAN 23 1989</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		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 <u>10:00 P M</u>		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) <u>Ralph A. Breitenstein</u>		30. DATE SIGNED (Month, Day, Year) <u>January 23, 1989</u>		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph A. Breitenstein, M.D., 2622 Campus Drive, Klamath Falls, Ore. 97601</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>  </u>		33. DATE SIGNED (Month, Day, Year) <u>  </u>	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>		35. 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>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>  </u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>  </u> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		36. 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		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 type="checkbox"/> N/A		40. DATE OF INJURY (Month, Day, Year) <u>  </u>		41a. TIME OF INJURY <u>  </u>		41b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		41h. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

DATE ISSUED JAN 23 1989Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Carleton  
of April A.D. 19 89 at 11:18 o'clock A.M., and duly recorded in Vol. M89  
of Deeds on Page 6360.

FEE \$8.00

Return: Helen Carleton

P.O. Box 444, Merrill, Or. 97633

Evelyn Biehn - County Clerk

By Nancy Kennedy