

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATHL6079
I.D. TAG NO.
220
Local File Number

136-

State File Number

DECEDENT

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6

PARENTS

DISPOSITION

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8

9

REGISTRAR

10

11

CERTIFIER

12

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14

CONDITIONS
IF ANY
WHICH GIVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

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1. DECEDENT'S NAME First: <u>Alfred</u> Middle: <u>S.</u> Last: <u>CLAWSON</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 4, 1989</u>	
4. SOCIAL SECURITY NUMBER <u>543-01-4381</u>		5a. AGE - Last Birthday (Years) <u>75</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>Henley, California</u>	7. DATE OF BIRTH (Month, Day, Year) <u>August 9, 1913</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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>					
9b. FACILITY NAME (If not in institution, give street and number) <u>5343 Walton Drive</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. 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>Locomotive Engineer</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Railroad Transportation</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Winnifred G.</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>5343 Walton Drive</u>					
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>97603</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 Specify: <u> </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u> Elementary/Secondary (0-12) College (14 or 5+)			
17. FATHER - NAME first middle last <u>Alfred S. Clawson, Sr.</u>			18. MOTHER - NAME first middle maiden <u>Bessie - Brittan</u>		
19. INFORMANT - NAME and relationship to decedent <u>Winnifred G. Clawson, wife</u>					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>		
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon 97603</u>					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>			21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>		
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 South 6th St., Klamath Falls, Oregon 97603-7194</u>					
23. DATE FILED (Month, Day, Year) <u>MAY 4 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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <u>0800</u> A <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> No		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. <u>Ralph A. Breitenstein</u>					
30. DATE SIGNED (Month, Day, Year) <u>May 4, 1989</u>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601</u>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>					
33. 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>coronary artery disease</u>				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>coronary artery disease</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"/> Unknown		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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention on		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)			

ORIGINAL -- VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED MAY 4 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Winnifred G. Clawson the 5th day of May, 19 89 at 11:31 o'clock A.M., and duly recorded in Vol. m89 of Deeds on Page 7730.Evelyn Biehn County Clerk
By

FEE \$8.00

Ret.-Winnifred G. Clawson

5343 Walton, Klamath Falls, Or. 97603