

## CERTIFICATION OF VITAL RECORD

D-7332  
I.D. TAG NO.101  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

138-

State File Number

1. DECEDENT'S NAME First: <b>Kenneth</b> Middle: <b>Dale</b> Last: <b>KIRKWOOD</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>February 4, 1989</b>
4. SOCIAL SECURITY NUMBER <b>540 12 9680</b>		5a. AGE - Last Birthday <b>67</b>	5b. Under 1 Year Mos. Days
6. BIRTHPLACE (City and State or Foreign Country) <b>Portland, Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 17, 1922</b>	
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"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) <b>461 16th Ave, Eastside,</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Coos Bay</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most or working life. Do not use retired.) <b>Patcher</b>		10b. KING OF BUSINESS/INDUSTRY <b>Plywood Mill</b>	
11a. RESIDENCE - STATE <b>Oregon</b>		11b. COUNTY <b>Coos</b>	
12a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12b. ZIP CODE <b>97420</b>	
13. 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		14. RACE American Indian, Black, White, etc. (Specify) <b>white</b>	
15. FATHER - NAME first middle last <b>George Kirkwood</b>		16. MOTHER - NAME first middle maiden <b>Eva Day</b>	
17. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Ocean View Memory Gardens and Crematorium</b>	
19. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		20. LICENSE NUMBER (Of Licensee) <b>3060</b>	
21. DATE FILED (Month, Day, Year) <b>February 15 1989</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Coos Bay Chapel 97420 685 Anderson, Coos Bay, Oregon</b>	
23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. DATE SIGNED (Month, Day, Year) <b>February 15 1989</b>	
27. TIME OF DEATH <b>1:30 P M</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) <b>2/12/89</b>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Robert K. Levy, MD. 1900 Woodland Drive, Coos Bay, OR 97420</b>		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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) <b>acute myocardial infarction - 1st</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		34. INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
35. 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		36. DATE OF INJURY (Month, Day, Year)	
37. TIME OF INJURY <b>M</b>		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

452 REV. 1-88

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE COOS COUNTY REGISTRAR.DATE ISSUED **February 15, 1989**G. R. BASSETT, M.D.  
COUNTY REGISTRAR  
COOS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **DeLoris Kirkwood**  
of **May** A.D., 19 **89** at **9:47** o'clock **AM**, and duly recorded in Vol. **M89**,  
of **Deeds** on Page **9287**.

FEE \$8.00

Return: DeLoris Kirkwood  
461 16th Ave., Eastside, Or. 97420Evelyn Biehn County Clerk  
By *[Signature]*