CERTIFICATION OF VITAL RECORD

B-3822 — I.D. TAG NO.
20 — Local File Number

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

136- — State File Number

DECEDENT

1. DECEDENT'S NAME: First ADRIAN; Middle JAMES; Last GAVIN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Jan. 09, 1988
4. SOCIAL SECURITY NUMBER: 517/14/1972
5a. AGE - Last Birthday (Years): 70
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Whitetail, Mt.
7. DATE OF BIRTH (Month, Day, Year): Jan. 17, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
1 — 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Desk Sergeant
2 — 10b. KIND OF BUSINESS/INDUSTRY: Los Angeles Police Department
3 — 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Edna
4 — 13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Forest Estates
13d. STREET AND NUMBER: Nightowl & Sailfish Lanes
5 — 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97623
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — ; College (1-4 or 5+): —
6 —

PARENTS

17. FATHER - NAME first middle last: James-Gavin
18. MOTHER - NAME first middle maiden: Gertrude-Hanley
19. INFORMANT - NAME and relationship to deceased: Edna Gavin / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
7 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Gavin
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
8 —
9 —

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 1320 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Kenneth L. Tuttle M.D.
26. DATE SIGNED (Month, Day, Year): 1-11-88
10 —
TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY
11 — 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth L. Tuttle, MD / 2680 "C" Uhrmann Road / Klamath Falls, Oregon 97601
12 — 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

32. 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) DUE TO, OR AS A CONSEQUENCE OF: Metastatic squamous cell carcinoma - Right Lung — Interval between onset and death: 1 month
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a).
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

13 — 35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY: M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY occurred
14 — 36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
15 —

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bartliff
38. DATE FILED (Month, Day, Year): JAN 12 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY
45-2 REV.

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

DATE ISSUED JAN 14 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sandra Helgerson the 30th day of May A.D., 19 89 at 10:14 o'clock A. M., and duly recorded in Vol. M89, of Deeds on Page 9292.

Evelyn Biehn . . County Clerk
By Darlene Mullendore

FEE $8.00
Return: Sandra Helgerson
P.O. Box 321, Bonanza, Or. 97623