

CERTIFICATION OF VITAL RECORD

53992
I.D. TAG NO.
153
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME First: Leonard Middle: Leroy Last: MC NEILL		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 28, 1989
4. SOCIAL SECURITY NUMBER 540-44-2909		5a. AGE - Last Birthday (Years) 88	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Council Bluffs, IA		7. DATE OF BIRTH (Month, Day, Year) June 13, 1900	
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 Home ☐ 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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farmer		10b. KIND OF BUSINESS/INDUSTRY Farming	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Hazel M.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. INSIDE CITY LIMITS? ☒ Yes ☐ No		13d. STREET AND NUMBER 136 N. Monroe Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		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+) 8			
17. FATHER - NAME first middle last Peter H. McNeill		18. MOTHER - NAME first middle maiden Clara B. Figgins	
19. INFORMANT - NAME and relationship to decedent Hazel M. McNeill, wife		20. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>McNeill</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		23. DATE FILED (Month, Day, Year) MAR 31 1989	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		25. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A	
26. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
27. TIME OF DEATH 2:35 P.M.			
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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>Jon G. McKellar</i> M.D.			
30. DATE SIGNED (Month, Day, Year) March 30, 1989			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601			
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) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Cardiovascular Disease		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Emergency Cholecystectomy		Interval between onset and death	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Homicide ☐ Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? ☐ Yes ☒ No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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45-2 REV. 1-89

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Hazel McNeill**
of **June** A.D., 19 **89** at **3:15** o'clock **P.M.**, and duly recorded in Vol. **M89**,
of **Deeds** on Page **10319**.

FEE \$8.00

Return: Hazel McNeill

P.O. Box 222, Merrill, Or. 97633

Evelyn Biehn County Clerk

By *Arlene Mendenhall*