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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

PRINT IN PERMANENT BLACK INK — 46097 I.D. TAG NO. — 136 State File Number

Local File Number

1. DECEDENT'S NAME: First John; Middle Alexander; Last NEGREVSKI
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 29, 1989 (Found)
4. SOCIAL SECURITY NUMBER: 555-18-0552
5a. AGE - Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Min.
6. BIRTHPLACE (City and State or Foreign Country): Battle Creek MI
7. DATE OF BIRTH (Month, Day, Year): March 15, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Apartment
9a. PLACE OF DEATH (Check only one)
9b. FACILITY NAME (If not institution, give street and number): 711 S. E. 11th
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dentist
10b. KIND OF BUSINESS/INDUSTRY: Health Care
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Beverly
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 12430 Hwy 39
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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+): 5+
17. FATHER - NAME first middle: Alexander D. Negrevski
18. MOTHER - NAME first middle maiden: Elizabeth Stanbolski
19. INFORMANT - NAME and relationship to deceased: Beverly, Wife
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Laki Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Carole L. Norman
21b. LICENSE NUMBER (Of Licensee): None
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenports Chapel of the Good Shepherd 6420 S 6th St. Klamath Falls OR 97603
23. DATE FILED (Month, Day, Year): JUL 05 1989
24. REGISTRAR'S SIGNATURE: Edward Johnson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: Unknown M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 29, 1989 9:45A
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.
33. DATE SIGNED (Month, Day, Year): June 30, 1989
COUNTY: STATE OF OREGON
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): EDWARD WILSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

36. 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. — Interval between onset and death
PART I (a) CORONARY ARTERIOSCLEROSIS
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I.
37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES was it used in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ 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)

RESERVED FOR REGISTRAR'S USE

89-1529

ORIGINAL — VITAL STATISTICS COPY

46-2 REV. 1-89

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 05 1989

Edward J. Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Beverly Negrevski the 14th day of July A.D. 19 89 at 12:23 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 12907.

Evelyn Biehn County Clerk
By Arlene Millsaps

FEE $8.00
Return: Beverly Negrevski
12430 Hwy 39, Klamath Falls, Or. 97603