C-4701
I.D. TAG NO. 326
Local File Number

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

136-
State File Number

**DECEDENT**

1. DECEDENT'S NAME: First: Arthur; Middle: Raymond; Last: ELLIS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 28, 1989
4. SOCIAL SECURITY NUMBER: 128-09-6434
5a. AGE - Last Birthday (Years): 68
5b. Under 1 Year: Mos. / Days / Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Rochester, New York
7. DATE OF BIRTH (Month, Day, Year): November 20, 1920
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): 2039 Manzanita St.
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Insurance Adjuster
10b. KIND OF BUSINESS/INDUSTRY: Insurance
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jessie Mary Ellis
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2039 Manzanita St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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

**PARENTS**

17. FATHER - NAME first middle last: Arthur Raymond Ellis Sr
18. MOTHER - NAME first middle maiden: Ethel Marie Scoville
19. INFORMANT - NAME and relationship to deceased: Jessie Mary Ellis, 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): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mus Ola
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St.,Klamath Falls, OR. 97601

**REGISTRAR**

23. DATE FILED (Month, Day, Year): AUG 1 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

**CERTIFIER**

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: 9:45 P. M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): July 28, 1989 10:00 P. M
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. (Signature) Steven H Beggs M.E.
32a. DATE SIGNED (Month, Day, Year): July 31, 1989
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, M.D., 2300 Clairmont St., Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

**CAUSE OF DEATH**

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.

PART I
(a) Myocardial Infarction — Interval between onset and death: few minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe triple vessel coronary arteriosclerosis — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
COPD

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered 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 M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY (e.g., Home, Street, Factory, office building, etc.)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

**ORIGINAL — VITAL STATISTICS COPY**

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45-2 REV. 1-89

DATE ISSUED: AUG 1 1989

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jessie Ellis the 3rd day of Aug. A.D., 19 89 at 12:07 o'clock P M., and duly recorded in Vol. M89, of Deeds on Page 14306.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Jessie Ellis
2039 Manzanita,Klamath Falls,Or.97601