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CERTIFICATION OF VITAL RECORD

MTC-1396-1797

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

B 3807 I.D. TAG NO. | 112 Local File Number | 136- State File Number | 88-006020

CERTIFICATE OF DEATH

1. DECEDENT'S NAME	First: Vivian	Middle: Edyth	Last: HART	2. SEX: F	3. DATE OF DEATH (Month, Day, Year): March 22, 1988
4. SOCIAL SECURITY NUMBER: 543-10-0324	5a. AGE - Last Birthday (Years): 80	5b. UNDER 1 YEAR: Mos. / Days	5c. UNDER 1 DAY: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Hood River, Oregon	7. DATE OF BIRTH (Month, Day, Year): June 11, 1907

8a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8b. FACILITY NAME (If not institution, give street and number): Klamath Convalescent Center

8c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

8d. COUNTY OF DEATH: Klamath

9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper	10b. KIND OF BUSINESS/INDUSTRY: Collection Agency	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced	12. SPOUSE (If Married, Widowed): -
9b. RESIDENCE - STATE: Oregon	9c. COUNTY: Klamath	9c. CITY, TOWN, OR LOCATION: Klamath Falls	9d. STREET AND NUMBER: 1731 Lakeshore Dr.
9e. INSIDE CITY LIMITS? ☒ Yes ☐ No	9f. 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): 12	College (1-4 or 5+):		
17. FATHER - NAME first middle last: George - Stokoe	18. MOTHER - NAME first middle maiden: Maude - Noble	19. INFORMANT - NAME and relationship to deceased: Marlene Cullen - Daughter	

20. METHOD OF DISPOSITION: ☐ 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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster

21b. LICENSE NUMBER (Of Licensee): 3224

22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St. Klamath Falls, Oregon 97601

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1156 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) Charles D Bury MD.

26. DATE SIGNED (Month, Day, Year): March 25 1988

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, Oregon 97601

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

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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: Respiratory Arrest — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Progressive Arteriosclerotic Cerebral Vascular Disease — Interval between onset and death:
(c) — Interval between onset and death:

PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Sub Dural Hematoma from Fall 4 Sept

33. AUTOPSY ☐ Yes ☒ No

34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner

36a. DATE OF INJURY (Month, Day, Year)

36b. TIME OF INJURY M

36c. INJURY AT WORK? ☐ Yes ☐ No

36d. DESCRIBE HOW INJURY OCCURRED

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)

37. REGISTRAR'S SIGNATURE: Michelle Batdorf

38. DATE FILED (Month, Day, Year): MAR 30 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR POSTMORTEM GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

RESERVED FOR REGISTRAR'S USE

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 AUG 02 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

RETURN: SOUTH VALLEY STATE BANK
P.O. BOX 5210
KLAMATH FALLS, OR 97603

MOUNTAIN TITLE COMPANY, has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 18th day of Aug. A.D., 19 89 at 11:26 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 15391.

Evelyn Biehn County Clerk
By Pauline Mullenstein

FEE $8.00