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CERTIFICATION OF VITAL RECORD

MTC-1396-1797

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

B 3807
I.D. TAG NO.

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

136- 88-006020
State File Number

112
Local File Number

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
9a. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9b. FACILITY NAME (If not in institution, give street and number): Klamath Convalescent Center
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): Bookkeeper
10b. KIND OF BUSINESS/INDUSTRY: Collection Agency
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1731 Lakeshore Dr.
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): 12; College (1-4 or 5+):
17. FATHER - NAME: first George; middle -; last Stokoe
18. MOTHER - NAME: first Maude; middle -; maiden Noble
19. INFORMANT - NAME and relationship to deceased: Marlene Cullen - Daughter
20a. 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 M.D.
26. DATE SIGNED (Month, Day, Year): March 28 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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. Interval between onset and death
PART I
(a) Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Progressive Arteriosclerotic Cerebral Vascular Disease
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 (a). Sub Dural Hematoma from Fall x 3 wks
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 Batliff
38. DATE FILED (Month, Day, Year): MAR 30 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

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.

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

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