7709 '89 NOV 9 PM 4 02 Vol M89 Page 21766

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

068588 I.D. TAG NO. | 136 State File Number | 479 Local File Number

DECEDENT

1. DECEDENT'S NAME: First Manuela; Middle Valdovinos; Last ALLISON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 2, 1989
4. SOCIAL SECURITY NUMBER: 560-86-7227
5a. AGE - Last Birthday (Years): 41
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Parral, Chihuahua, Mexico
7. DATE OF BIRTH (Month, Day, Year): May 27, 1948
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): 4656 Laverne Street
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.): Legal Interperter
10b. KIND OF BUSINESS/INDUSTRY: Legal
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Earl Kelly Allison
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4656 Laverne Street
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: Mexican
15. RACE - American Indian, Black, White, etc. (Specify): Mexican
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Leo - Chaparro
18. MOTHER - NAME first middle maiden: Amparo - Valdovinos
19. INFORMANT - NAME and relationship to deceased: Earl Kelly Allison Husband

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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mike Ok
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine Street, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): NOV 7 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: 10:30 PM
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 2, 1989 PM
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) M.D.
33. DATE SIGNED (Month, Day, Year): November 6, 1989 COUNTY: Klamath

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, M.D. 2300 Clairmont Street, 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

38. 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) Multiple Gunshot wounds to heart and other organs — Interval between onset and death: Instant
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
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 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): 11/2/89
41b. TIME OF INJURY: 10:30 PM
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Multiple 38 cal revolver gunshot wounds to body
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Home.
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 4656 Laverne Ave., Klamath Falls, OR

RESERVED FOR REGISTRAR'S USE

45.2 REV. 1-89

ORIGINAL — VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 7 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 Kelly Allison the 9th day of Nov. A.D., 19 89 at 4:02 o'clock PM., and duly recorded in Vol. M89, of Deeds on Page 21766.

Evelyn Biehn County Clerk
By Doreline Mullendore

FEE $8.00
Return: Kelly Allison
4656 Laverne, Klamath Falls, Or. 97603