CERTIFICATION OF VITAL RECORD

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

068549 I.D. TAG NO.
507 Local File Number
8528
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1. DECEDENT'S NAME: First Glenn; Middle B; Last HEAD
State File Number
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): November 25, 1989
4. SOCIAL SECURITY NUMBER: 543-16-1460
5a. AGE - Last Birthday (Years): 77
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Central Point, OR
7. DATE OF BIRTH (Month, Day, Year): April 21, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one) OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical 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.): Brakeman
10b. KIND OF BUSINESS/INDUSTRY: Railroad
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Verna
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2030 Erie Street
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+): 2

PARENTS
17. FATHER - NAME first middle last: Hallie C. Head
18. MOTHER - NAME first middle maiden: Elsie A. Beebe

DISPOSITION
19. INFORMANT - NAME and relationship to deceased: Verna Head, wife
20a. METHOD OF DISPOSITION: ☐ Cremation ☒ Burial ☐ Donation ☐ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): I.O.O.F. Cemetery
20c. LOCATION - City or Town, State: Centeral Point, Oregon

REGISTRAR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): NOV 28 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: 6:55 P. 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): November 27, 1989
M.D.
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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
33. DATE SIGNED (Month, Day, Year): COUNTY

CAUSE OF DEATH
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
34. 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) Atherosclerotic Coronary Vascular Disease — Interval between onset and death
(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)
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

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45-2 REV. 1-89

DATE ISSUED NOV 28 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 Verna Head
of November A.D., 19 89 at 2:25 o'clock P M., and duly recorded in Vol. M89, the 30th day of Deeds on Page 23231.

FEE $8.00

EVELYN BIEHN County Clerk
By Bernetha Fletch

Return: Verna Head-2030 Erie-Klmaath Falls, OR 97601

'89 NOV 30 PM 2 25