CERTIFICATION OF VITAL RECORD

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

I.D. TAG NO. 497 (Local File Number) | 136- (State File Number)

DECEDENT

1. DECEDENT'S NAME: First Herbert; Middle Hadley; Last MC CANN, SR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): December 27, 1988
4. SOCIAL SECURITY NUMBER: 466-03-1419
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): Forsyth, Missouri
7. DATE OF BIRTH (Month, Day, Year): June 15, 1911
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 Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mountain View Care 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.): Millwright
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Edna F.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4606 Peck Drive
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:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Edwin Asher McCann
18. MOTHER - NAME first middle maiden: Flora - Graue
19. INFORMANT - NAME and relationship to deceased: Edna F. McCann, 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 Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Ferd
21b. LICENSE NUMBER (Of Licensee): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601, 515 Pine St., Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH: 10:05 P. 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) M.D.
26. DATE SIGNED (Month, Day, Year): January 3, 1989

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

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven, M.D., 2616 Clover Street, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

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: Pneumonia — Interval between onset and death: 24 hours
(b) DUE TO, OR AS A CONSEQUENCE OF: Old CVA — Interval between onset and death: 10 years
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a).
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)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED (Month, Day, Year): JAN 4 1989
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

45-2 REV. 1-88

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 JAN 4 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Edna McCann the 2nd day of Jan. A.D., 19 90 at 12:51 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 26.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Edna McCann
4606 Peck Dr., Klamath Falls, Or. 97603