9998 '90 JAN 10 AM 11 44

CERTIFICATION OF VITAL RECORD

068231
I.D. TAG NO.

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

136-
State File Number

557
Local File Number

Aspen #01034742

DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	Alford Eugene HAZZARD
2. Sex	Male
3. Date of Death (Month, Day, Year)	December 24, 1989
4. Social Security Number	543-09-4502
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)	Salt Lake City, Utah
7. Date of Birth (Month, Day, Year)	November 1, 1909
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) Foster Care Home
9b. Facility Name (If not institution, give street and number)	1919 Bryant Ct.
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	Weyerhauser Co.
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Widowed
12. Spouse (If Married, Widowed)	Frances
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town, or Location	Klamath Falls
13d. Street and Number	1606 Wiard St.
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) / College (1-4 or 5+)	8

PARENTS

Field	Entry
17. Father - Name (first, middle, last)	Ira Hap Hazzard
18. Mother - Name (first, middle, maiden)	Bertha Hutchinson
19. Informant - Name and relationship to deceased	Lee-Ila Perry - Daughter

DISPOSITION

Field	Entry
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, Ore.
21a. Signature of Funeral Service Licensee or Person Acting as Such	Tim Lancaster
21b. License Number (Of Licensee)	3224
22. Name, Address and Zip of Facility	WARD'S Funeral Home/ 1945 Main St. Klamath Falls, Oregon 97601

REGISTRAR

Field	Entry
23. Date Filed (Month, Day, Year)	JAN 2 1990
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

Field	Entry
27. Time of Death	9:30 A 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)	Kenneth K Magee
30. Date Signed (Month, Day, Year)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
31a. Time of Death	M
31b. Date Pronounced Dead (Month, Day, Year, Hour)	M
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)	
33. Date Signed (Month, Day, Year)	County

34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print): Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 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

36. 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	Cause	Interval between onset and death
(a)	Congestive Heart failure	months
(b) Due to, or as a consequence of:	Cor Pulmonale & Valvular Heart Disease	2 years
(c) Due to, or as a consequence of:	~~[illegible]~~	

Part II. Other significant conditions - Conditions contributing to death but not related to cause given in Part I: ~~[illegible]~~ Rheumatoid Lung Disease

Field	Entry
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	M
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

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.

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED JAN 2 1990

STATE OF OREGON 1859 — KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 10th day of Jan. A.D., 19 90 at 11:44 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 593.

Evelyn Biehn . County Clerk
By Pauline Mullendore

FEE $8.00

REturn: A.T.C.