

CERTIFICATE OF VITAL RECORD

068274

I.D. TAG NO.

105

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: Ruth Middle: Maude Last: BRADBURY		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 6, 1990		
4. SOCIAL SECURITY NUMBER 543-18-6023		5a. AGE - Last Birth Day (Years) 83	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.	7. DATE OF BIRTH (Month, Day, Year) Oct. 30, 1906
8. VAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		10. COUNTY OF DEATH Klamath	
11. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		12. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		13. COUNTY OF DEATH Klamath	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sales Clerk		15. KIND OF BUSINESS/INDUSTRY Retail Stores		16. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married	
17. RESIDENCE - STATE Oregon		18. CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 525 No. 9th Street	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 97601		22. RACE American Indian, Black, White, etc. (Specify) White	
23. WAS DECEDENT OF HISPANIC ORIGIN? Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) 2		25. INFORMANT - Name and relationship to decedent Billy L. Matthews / Son	
26. FATHER - Name first middle last William Howard Johnson		27. MOTHER - Name first middle maiden Pinkney Elsie Rumsey		28. PLACE OF BIRTH (Name of cemetery, crematory, or other place) Klamath Memorial Park	
29. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		30. LOCATION - City or Town, State Klamath Falls, Oregon		31. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
32. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Thomas J. Ward</i>		33. LICENSE NUMBER (Of Licensee) 3409		34. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
35. DATE FILED (Month, Day, Year) MAR 12 1990		36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		37. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
38. TIME OF DEATH 0910		39. DATE PRONOUNCED DEAD (Month, Day, Year) March 7, 1990		40. DATE SIGNED (Month, Day, Year) March 7, 1990	
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Oregon / 97601		42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year) 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	
44. 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) Electrical Mechanical Cardiac Dissociation DUE TO, OR AS A CONSEQUENCE OF: (b) Myocardial Infarction with Sinus Arrest DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerotic Heart Disease PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes Mellitus		45. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY 48. INJURY AT WORK? 49. DESCRIBE HOW INJURY OCCURRED 50. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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DATE ISSUED

MAR 12 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Billy Lee Matthews the 12th day of 12th A.D., 19 90 at 4:40 o'clock P.M., and duly recorded in Vol. 990 of Deeds on Page 4603.

Evelyn Biehn - County Clerk
By *Pauline M. Biehn*

FEE \$8.00

Return: Billy Lee Matthews
2266 Washington Ave., Redding, Ca. 96001