12552 '90 MAR 20 PM 2:37 Vol. M90 Page 5134

CERTIFICATION OF VITAL RECORD

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

E 5278 I.D. TAG NO. | 136- State File Number | 87 Local File Number

DECEDENT

1. DECEDENT'S NAME: First Charles | Middle R. | Last GRAHAM
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): February 27, 1990
4. SOCIAL SECURITY NUMBER: 565-38-2515
5a. AGE - Last Birthday (Years): 59 | 5b. Under 1 Year: Mos. Days | 5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Mango, Florida
7. DATE OF BIRTH (Month, Day, Year): June 11, 1930
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
7a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
10b. KIND OF BUSINESS/INDUSTRY: Chiropractic Medicine
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Ann Mae
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Chiropractor
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4338 Austin 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:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5 + | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Earl Mead Gruham
18. MOTHER - NAME first middle maiden: Esther - Mickelsen
19. INFORMANT - NAME and relationship to deceased: Debra Graham, daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid
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

REGISTRAR

23. DATE FILED (Month, Day, Year): FEB 2 8 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

27. TIME OF DEATH: 6:05 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): Ralph A Breitenstein M.D.
30. DATE SIGNED (Month, Day, Year): February 27, 1990
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

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 modes of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Pneumonia due to DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II Other significant conditions. Conditions contributing to death but not related to cause given in PART I.
multiple seizures
Interval between onset and death: 1 week
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
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

452 REV.

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 FEB 2 8 1990

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

COUNTY DEPARTMENT OF RECORDS KLAMATH COUNTY OREGON

CERTIFICATION OF VITAL RECORD

AFTER RECORDING, RETURN TO:
H. F. SMITH, Attorney at Law
540 Main Street
Klamath Falls. Oregon 97601

STATE OF OREGON: COUNTY OF KLAMATH; ss.

Filed for record at request of H. F. Smith the 20th day of March A.D., 19 90 at 2:37 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 5134.

Evelyn Biehn, County Clerk
By Pauline Mueller

FEE $8.00