CERTIFICATION OF VITAL RECORD

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13664

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

068270 I.D. TAG NO.
0104 Local File Number
136- State File Number 90-000294

1. DECEDENT'S NAME: First James	Middle Reese	Last DECKER	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): January 16, 1990	
4. SOCIAL SECURITY NUMBER: 446-20-7522	5a. AGE - Last Birthday (Years): 63	5b. Under 1 Year: Mos / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Cartersville, OK	7. DATE OF BIRTH (Month, Day, Year): May 6, 1926

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)

9b. FACILITY NAME (If not institution, give street and number): McKenzie Willamette Hospiatl

9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield

9d. COUNTY OF DEATH: Lane

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Agent	10b. KIND OF BUSINESS/INDUSTRY: Southern Pacific RR	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Carol M.
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Bonanza	13d. STREET AND NUMBER: Rt 1 Box 238
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97623	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): 12 | College (1-4 or 5+):

17. FATHER - NAME first middle last: William - Decker	18. MOTHER - NAME first middle maiden: Sarah - Reese	19. INFORMANT - NAME and relationship to deceased: Carol M. Decker - Wife	
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Lost River Cemetery	20c. LOCATION - City or Town, State: Bonanza, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Roger K Irwin	21b. LICENSE NUMBER (Of Licensee): 1149	22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Falls Funeral Home 1945 Main St. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year): JANUARY 18 1990		24. REGISTRAR'S SIGNATURE	

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:00 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): 1/19/90

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Stuart Markwell, Md 1110 N. 18th Springfield, OR 97477

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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.

		Interval between onset and death
PART I	(a) Cardiac Arrest	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Probable Intestinal Cancer	
	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.

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☒ No ☐ Probably ☐ Unk	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED FEB 05 1990

EDWARD J. JOHNSON II
STATE REGISTRAR

Return to Greg Decker
320 Cook St., Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 18th day of April A.D., 19 90 at 10:54 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 7151.

Evelyn Biehn County Clerk
By Pauline Millsap

FEE $8.00