CERTIFICATION OF VITAL RECORD

ASPEN 35055

13715 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION Vol. M90 Page 7218

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

B- 8475 I.D. TAG NO.
290 Local File Number
88-014747 136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Roland; Middle Marshall; Last SHULTS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 8, 1988
4. SOCIAL SECURITY NUMBER: 543-05-4142
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR (Mos., Days)
5c. UNDER 1 DAY (Hours, Mins.)
6. BIRTHPLACE (City and State or Foreign Country): Delvale, Kansas
7. DATE OF BIRTH (Month, Day, Year): February 9, 1914
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): 5737 Denver
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.): Farmer
10b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lavon A. Shults
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5737 Denver
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Jay W. Shults
18. MOTHER - NAME first middle maiden: Bertha - Marshall
19. INFORMANT - NAME and relationship to deceased: Conrad Shults, son

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): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William J. Davenport
21b. LICENSE NUMBER (Of Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23. TIME OF DEATH
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)
26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINTER
27a. TIME OF DEATH: 8:10A M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): August 8, 1988 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) Charles D Bury MD COUNTY
29. DATE SIGNED (Month, Day, Year): August 8, 1988 Klamath
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD, ME 2300 Clairmont, Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601

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) Respiratory Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Carcinoma of Thyroid — Interval between onset and death:
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 1 (a)
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

REGISTRAR

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)
37. REGISTRAR'S SIGNATURE: Michelle Bartoff
38. DATE FILED (Month, Day, Year): AUG 9 1988
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
5373

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 MAR 30 1990

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

'90 APR 13 PM 4 13

AFTER RECORDING RETURN TO:
Mrs. Lavon A. Shults
% 5737 Denver, Klamath Fall, OR 97603

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 18th day of April A.D., 19 90 at 4:13 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 7218.

Evelyn Biehn County Clerk
By Darlene Mueller

FEE $8.00