

CERTIFICATION OF VITAL RECORD

C-8398
I.D. TAG NO.

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

138- State File Number

Local File Number

1. DECEDENT'S NAME
First: Henry Middle: Thomas Last: WALDREP

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): April 5, 1990

4. SOCIAL SECURITY NUMBER: 543-10-1681

5a. AGE - Last Birthday (Years): 83

5b. Under 1 Year: Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Tifton, Georgia

7. DATE OF BIRTH (Month, Day, Year): November 17, 1906

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☐ Yes ☒ No

9. PLACE OF DEATH (Check only one)
☐ Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

10. FACILITY NAME (if not institution, give street and number): Rogue Valley Medical Center

11. MARITAL STATUS - Married: ☒ Never Married, Widowed, Divorced (Specify):

12. SPOUSE (if Married, Widowed): Helen L.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 2838 Logan

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (8-12) College (1-4 or 5+)

17. FATHER - NAME first middle last: Walgren Anna Dowling

18. MOTHER - NAME first middle last: Anna Dowling

19. INFORMANT - NAME and relationship to deceased: Helen L. Waldrep-Wife

20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Litwiller-Simonsen Crematory

20c. LOCATION - City or Town, State: Ashland, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Rocky L. Bailey

21b. LICENSE NUMBER (of Licensee): 3022

22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year): APR 10 1990

24. REGISTRAR'S SIGNATURE: Selia Colton

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

26. WAS GIFT MADE?
☐ YES ☒ NO ☐ N/A

27. TIME OF DEATH: 2:30 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): [Signature]

30. DATE SIGNED (Month, Day, Year): 4-7-90

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Roger H. Hutchings, M.D., 201 Mariposa Terrace, Medford, OR 97504

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

33. 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) Bowel Perforation

(b) Anterior Aneurysm

(c) Chronic Renal Failure

34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

35. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

36. DATE OF INJURY (Month, Day, Year):

37. TIME OF INJURY: M

38. INJURY AT WORK: ☒ Yes ☐ No

39. DID TOBACCO USE CONTRIBUTE TO THE DEATH?
☐ Yes ☒ No ☐ Probably ☐ Unknown

40. AUTOPSY: ☐ Yes ☒ No

41. YES were findings considered in determining cause of death?
☐ Yes ☒ No ☐ N/A

42. DESCRIBE HOW INJURY OCCURRED:

43. LOCATION (Street and Number or Rural Route Number, City or Town, State):

44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify):

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DATE ISSUED: APR 11 1990

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Waldrep the 19th day
of April A.D., 19 90 at 10:49 o'clock A M., and duly recorded in Vol. M90
of Deeds on Page 7251
By Evelyn Biehn County Clerk

FEE \$8.00

Return: Helen Waldrep
2838 Logan, Klamath Falls, Or. 97603