

CERTIFICATION OF VITAL RECORD

068236 LD. TAG NO. 156 Local File Number		OREGON DEPARTMENT OF HUMAN SERVICES HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		136- State File Number	
1. DECEDENT'S NAME First: Paul Middle: Ameil Last: ROBIN		2. SEX M		3. DATE OF DEATH (Month, Day, Year) April 10, 1990	
4. SOCIAL SECURITY NUMBER 540-12-7590		5a. AGE - Last Birthday (Years) 86		5b. Under 1 Year Mos. Days Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Frenchtown, MT		7. DATE OF BIRTH (Month, Day, Year) December 3, 1903		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Logger		10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced) Sybil		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 6160 Delaware		14. 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	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8		17. FATHER - NAME first middle last John - Robin	
18. MOTHER - NAME first middle maiden Marie - Reynoud		19. INFORMANT - NAME and relationship to deceased Sybil / wife		20. LOCATION - City or Town, State Klamath Falls, OR	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Verlinda Jennings</i>		21b. LICENSE NUMBER (Of Licensee) 1257		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 16 1990		24. REGISTRAR'S SIGNATURE <i>Donna Q. Verling</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 0940		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31a. TIME OF DEATH M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Kenneth K. Magee</i>		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) <i>Kenneth K. Magee</i>		33. DATE SIGNED (Month, Day, Year) 4-12-90	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Kenneth K. Magee, MD 1900 Main Street Klamath Falls, OR 97601		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.) (a) <i>Severe Debility - multi-system</i> (b) <i>metastatic carcinoma of colon</i> (c) <i>metastatic carcinoma of colon</i>		Interval between onset and death <i>Week</i> Interval between onset and death <i>Years</i> Interval between onset and death			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. 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		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED			
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)			

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 APR 16 1990

DONNA Q. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sybil Robin the 7th day
of May A.D., 19 90 at 12:56 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 8630
Evelyn Biehn County Clerk
By *Donna Q. Verling*

FEE \$8.00

Return: Sybil Robin
6160 Delaware, Klamath Falls, Or. 97603