

CERTIFICATION OF VITAL RECORD

068268
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <u>Bernald</u> Middle: <u>Hughes</u> Last: <u>DONACA</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 4, 1990</u>
4. SOCIAL SECURITY NUMBER <u>541-09-8917</u>		5a. AGE - Last Birthday (Years) <u>73</u>	5b. Under 1 Year Mos. <u>73</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u>	5c. Under 1 Day Mins. <u>0</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			8. BIRTHPLACE (City and State or Foreign Country) <u>Aarago, OR</u>	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			7. DATE OF BIRTH (Month, Day, Year) <u>September 29, 1916</u>	
9b. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. COUNTY OF DEATH <u>Klamath</u>				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Lift Truck Driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Lumber</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		12. SPOUSE (If Married, Widowed) <u>Charlotte</u>
13c. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. STREET AND NUMBER <u>3512 Evergreen Street</u>		
13e. ZIP CODE <u>97603</u>		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 Specify: <u>White</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12)</u>		17. College (1-4 or 5+) <u>9</u>		
17. FATHER - NAME first middle last <u>Thomas - Donaca</u>			18. MOTHER - NAME first middle last <u>Ellen G. Ellis</u>	
19. INFORMANT - NAME and relationship to deceased <u>Charlotte / wife</u>				
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>	
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Leslie J. Jennings</u>			21b. LICENSE NUMBER (Of Licensee) <u>1257</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Oregon 97601</u>				
23. DATE FILED (Month, Day, Year) <u>JUL 6 1990</u>			24. REGISTRAR'S SIGNATURE <u>Donna A. Verling</u>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH <u>0522</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>Kenneth K. Magee</u>				
30. DATE SIGNED (Month, Day, Year) <u>7-5-90</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, MD 1900 Main Street Klamath Falls, Oregon 97601</u>				
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) DUE TO, OR AS A CONSEQUENCE OF: <u>Respiratory Failure, due to</u>			Interval between onset and death <u>minutes</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Chronic Obstructive Pulmonary Disease</u>			Interval between onset and death <u>years</u>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <u>of Cor Pulmonale</u>			Interval between onset and death	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input 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"/> Legal Intervention <input type="checkbox"/> Homicide				
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <u>M</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. 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				

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED

JUL 6 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charlotte Donaca the 12 day
of July A.D., 19 90 at 2:11 o'clock P M., and duly recorded in Vol. M90
of Deeds on Page 13779

FEE 8.00

3512 Evergreen
Klamath Falls, Or 97603Evelyn Biehn County Clerk
By Bernetha A. Ketch