

CERTIFICATION OF VITAL RECORD

068227

OREGON DEPARTMENT OF HUMAN RESOURCES

I.D. TAG NO.

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

138-

Local File Number

State File Number

DECEDENT

1

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PARENTS

DISPOSITION

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REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

STATING THE

CAUSE OF

15

16

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1. DECEDENT'S NAME First: <u>Manuel</u> Middle: <u>Santos</u> Last: <u>Fernandez</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 21, 1990</u>
4. SOCIAL SECURITY NUMBER <u>552-03-7890</u>	5a. AGE - Last Birthday (Years) <u>78</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Oakland, Ca.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>April 6, 1912</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" 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) <u> </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>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Concrete Company</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Ione</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1801 Ivory</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>11</u>	
17. FATHER - NAME first middle last <u>Antone - Fernandez</u>		18. MOTHER - NAME first middle maiden <u>Caroline - Vierra</u>	
19. INFORMANT - NAME and relationship to deceased <u>Manuel Fernandez / Son</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</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) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Mt. Calvary Cemetery</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3409</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Ore. / 97601</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
23. DATE FILED (Month, Day, Year) <u>JUN 26 1990</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH <u>1710</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH <u>M</u>	
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>[Signature]</u>		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) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>June 25, 1990</u>		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601</u>			
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.)			
PART I		Interval between onset and death	
(a) <u>Respiratory failure</u>		<u>20 minutes</u>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <u>Pneumonia due to xanthomonas multi-philis</u>		<u>3 weeks</u>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <u>Rheumatic valvular disease</u>		<u>60 years</u>	
PART II		39. If YES were findings considered in determining cause of death?	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input 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>		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)	
41f. DESCRIBE HOW INJURY OCCURRED			
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 JUN 26 1990Donna A. Verling
DONNA A. YERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 13 day
of July A.D., 1990 at 4:37 o'clock P M., and duly recorded in Vol. M90
of _____ deeds on Page 13994
Dolores Fomasi
21 Arlington Dr
Petaluma, Ca 94952
Evelyn Behn
By Donna A. Verling County Clerk

FEE 8.00