CERTIFICATION OF VITAL RECORD

PRINT IN PERMANENT BLACK INK

D-3128
I.D. TAG NO.

90-12
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

136-
State File Number

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Richard; Middle: Patrick; Last: COSGROVE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): Found 3-3-90
4. SOCIAL SECURITY NUMBER: 542-62-5637
5a. AGE - Last Birthday (Years): 39
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Lakeview, OR
7. DATE OF BIRTH (Month, Day, Year): September 24, 1950
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 Home ☒ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Lake County Fairgrounds Highway 140 W.
9c. CITY, TOWN, OR LOCATION OF DEATH: Lakeview
9d. COUNTY OF DEATH: Lake
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
10b. KIND OF BUSINESS/INDUSTRY: Bookkeeping
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed):
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lakeview
13d. STREET AND NUMBER: 1800 N. 1st. St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97630
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+): 4

PARENTS

17. FATHER - NAME first middle last: Patrick Cosgrove
18. MOTHER - NAME first middle maiden: Dorothy Williams
19. INFORMANT - NAME and relationship to deceased: Cassie Cosgrove-daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Donation ☐ Removal from State ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, OR

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James Mortimore
21b. LICENSE NUMBER (Or Licensee): 47-3192
22. NAME, ADDRESS AND ZIP OF FACILITY: Ousley Osterman Huffstutter Funeral Chapel 410 Center St. Lakeview, OR 97630
23. DATE FILED (Month, Day, Year): March 5, 1990
24. REGISTRAR'S SIGNATURE: Barbara Wheelock, Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: Found 3-3-90
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): March 3, 1990 10:25 AM M
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): [signature] Lake COUNTY
33. DATE SIGNED (Month, Day, Year): 3/5/90

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Terence J. Parr, M.D., 628 N. First, Lakeview, OR 97630
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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 (a) Self Inflicted Contact Gunshot wound to Head — Interval between onset and death: Instant
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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? ☐ Yes ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): 3-3-90
41b. TIME OF INJURY: Unknown
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED: Self Inflicted Gunshot Wound to Head - Roof of mouth
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Inc County Fairgrounds
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Highway 140 W. Lakeview, OR

FILLED FOR REGISTRAR'S USE:

45-2 REV. 1-89

HCS COPY

8.00 cash

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

DATE ISSUED March 5, 1990

Barbara Wheelock
BARBARA WHEELOCK
DEPUTY REGISTRAR
LAKE COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bonnie Cosgrove the 26th day of July A.D., 19 90 at 3:19 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 14952.

Evelyn Biehn, County Clerk
By Darlene Mullins

FEE $8.00
Return: Bonnie Cosgrove
3653 Tuolumne, Carson City, Nv. 89701