

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

E5408
I.D. TAG NO.

385

Local File Number

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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9

REGISTRAR

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11

CERTIFIER

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CONDITIONS

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CAUSE OF DEATH

PART I

PART II

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1. DECEDENT'S NAME Bruce Marvin MAYES			2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 6, 1990
4. SOCIAL SECURITY NUMBER 572-20-2627			5a. AGE - Last Birthday (Years) 66	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Sheridan, Arkansas			7. DATE OF BIRTH (Month, Day, Year) January 31, 1924	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls, Oregon	
10a. KIND OF BUSINESS/INDUSTRY Tree faller			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
10b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use mixed) Timber industry			12. SPOUSE (If Married, Widowed) Patsy Cornish	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. ZIP CODE 97601		13f. STREET AND NUMBER 2435 Eberlein
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify, No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: White			15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 11			17. INFORMANT - NAME and relationship to decedent Patsy Mayes/wife	
17. FATHER - NAME first middle last Samuel - Mayes			18. MOTHER - NAME first middle maiden Edna - Grubb	
19. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Eternal Hills Memorial Gardens			20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Terilyn 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, Oregon 97601			23. DATE FILED (Month, Day, Year) SEP 7 1990	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			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. TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 0330		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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. <i>Charles D. Bury</i>				
30. DATE SIGNED (Month, Day, Year) September 6, 1990				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon 97601				
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.)				
(a) Metastatic Colon Carcinoma				Interval between onset and death 24 months
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				Interval between onset and death
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
36. DATE OF INJURY (Month, Day, Year)		37. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. TIME OF INJURY M		39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED		
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

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

DATE ISSUED **SEP 7 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 Patsy Mayes the 13th day of Sept. A.D., 19 90 at 2:15 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 18421.

Evelyn Biehn - County Clerk
By *Donna A. Verling*

FEE \$8.00

Return: Patsy Mayes
2435 Eberlein, Klamath Falls, Or. 97601