

E 5420

I.D. TAG NO.

376
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138-

State File Number

1. DECEDENT'S NAME First: <u>Roland</u> Middle: <u>Henry</u> Last: <u>SLACK</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>Sept. 1, 1990</u>
4. SOCIAL SECURITY NUMBER <u>541-05-4285</u>		5a. AGE - Last Birthday <u>76</u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Albany, Oregon</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>April 9, 1914</u>	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" 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) <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>Conductor</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Never Married</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Railroad</u>		12. SPOUSE (If Married, Widowed, Divorced (Specify))	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. RESIDENCE - CITY <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>4832 Summers Lane</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	
13f. ZIP CODE <u>97603</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
17. FATHER - NAME first middle last <u>Arthur Victor Slack</u>		18. MOTHER - NAME first middle maiden <u>Susie Ella Baker</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)		19. INFORMANT - NAME and relationship to decedent <u>Sterling B. Slack</u>	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematorium</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James L. Chapel</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main St., Klamath Falls, OR 97601</u>	
21b. LICENSE NUMBER (Of Licensee) <u>3080</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
23. DATE FILED (Month, Day, Year) <u>SEP 4 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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>10:17 AM</u>		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>Alden Glidden</u>			
30. DATE SIGNED (Month, Day, Year) <u>9/4/90</u>			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Alden Glidden, M.D. 2680 Uhrmann Rd., Klamath Falls, OR 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) DUE TO, OR AS A CONSEQUENCE OF: <u>Natural causes</u>		<u>acute</u>	
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>Arteriosclerotic disease</u>		<u>chronic</u>	
(c) DUE TO, OR AS A CONSEQUENCE OF: <u>Myocardial infarction</u>		<u>188</u>	
PART II		Interval between onset and death	
(d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Obesity, Hypertension</u>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		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 checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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45-2 RE

DATE ISSUED SEP 4 1990Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy B. Marsrow the 20th day of Sept. A.D. 19 90 at 2:17 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 18945.

FEE \$8.00

Return: Dorothy B. Marsrow
139 Michigan, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By Pauline Mulenbarts