DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136-

Local File Number | State File Number

DECEDENT

1. DECEDENT'S NAME: First: Nalita; Middle: Blanche; Last: ADAIR
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): November 18, 1988
4. SOCIAL SECURITY NUMBER: 445-01-5473
5a. AGE (Last Birthday): 81
5b. IF UNDER 1 YEAR: Months / Days
5c. IF UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Stillwell, Okla.
7. DATE OF BIRTH (Month, Day, Year): January 14, 1907
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 Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2912 Altamont Dr.
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): John B.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2912 Altamont Dr.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): 4; College (1-4 or 5+):

PARENTS

17. FATHER - NAME First middle last: Walter Duncan Bigby
18. MOTHER - NAME First middle maiden: Sabina Elizabeth Adair
19. INFORMANT - NAME and relationship to deceased: John Duane Adair- Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Waverly Memorial Cemetery
20c. LOCATION - City or Town, State: Albany, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Tim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: WARD'S / 1945 Main St. Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 2:00 A. M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Everett E. Howard
26. DATE SIGNED (Month, Day, Year): 11-21-88

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29. DATE SIGNED (Month, Day, Year) COUNTY

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Everett E. Howard, MD - 2622 Campus Dr. - Klamath Falls, Oregon 97601
31. 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

32. 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) MYOCARDIAL INFARCTION — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) ATHEROSCLEROTIC HEART DISEASE — Interval between onset and death: 10 years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): DIABETES

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY: M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRATION

37. REGISTRAR'S SIGNATURE: Darice Kessely
38. DATE FILED (Month, Day, Year): NOV 22 1988
39. DID HOSPITAL REPRESENTATIVE HAVE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-88

After recording return to: ORIGINAL—VITAL STATISTICS COPY
John D. Adair; 3515 Marion SE; Albany, OR 97321

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

DATE ISSUED NOV 22 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 10th day of Oct. A.D., 19 90 at 2:47 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 20519.

Evelyn Biehn County Clerk

FEE $8.00 By Pauline Mullendore