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Vol. m90 Page 21814

## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136.

State File Number

079793  
I.D. TAG NO.

446

Local File Number

1. DECEDENT'S NAME First: <u>Ralph</u> Middle: <u>Milton</u> Last: <u>MC KINSEY</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 24, 1990</u>
4. SOCIAL SECURITY NUMBER <u>520-12-8849</u>		5a. AGE - Last Birthday (Years) <u>72</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Soldier, Kansas</u>		7. DATE OF BIRTH (Month, Day, Year) <u>May 27, 1918</u>	
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>			
9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			
9c. COUNTY OF DEATH <u>Klamath</u>			
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Tallyman</u>			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>			
12. SPOUSE (If Married, Widowed) <u>Eva R. McKinsey</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>1415 Carlson Drive</u>			
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>12</u>			
17. FATHER - NAME first middle last <u>Milton J. McKinsey</u>			
18. MOTHER - NAME first middle maiden <u>Rhoda - Bottoms</u>			
19. INFORMANT - NAME and relationship to decedent <u>Eva R. McKinsey, wife</u>			
20. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>			
21. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State			
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601</u>			
23. DATE FILED (Month, Day, Year) <u>OCT 26 1990</u>			
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</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>10:20 P. M.</u>			
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. (Signature) <u>David D. Reeder</u> M.D.			
30. DATE SIGNED (Month, Day, Year) <u>October 26, 1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>David D. Reeder, M.D., 2301 Mountain View Blvd., Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>			
33. DATE SIGNED (Month, Day, Year) <u>  </u>			
34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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>James</u> 33. DATE SIGNED (Month, Day, Year) COUNTY <u>  </u>			
35. 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) <u>MYOCARDIAL INFARCT</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>ARTERIOSCLEROSIS</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>  </u> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>  </u>			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH 41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY 41c. INJURY AT WORK? 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)			

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED

OCT 26 1990

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eva R. McKinsey the 30th day  
of Oct. A.D., 19 90 at 3:39 o'clock P M., and duly recorded in Vol. M90  
of    Deeds on Page 21814  
By Evelyn Biehn County Clerk  
By Donna A. Verling

FEE \$8.00

Return: Eva R. McKinsey  
1415 Carlson Dr., Klamath Falls, Or. 97603