

23048

NOV 29 PM 2 14

Vol. m90 Page 23609

CERTIFICATION OF VITAL RECORD

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

079738
I.D. TAG NO.
456

Local File Number Middle Last

1. DECEDENT'S NAME **Alton Andrew SHORT**

2. SEX **M**

3. DATE OF DEATH (Month, Day, Year) **October 31, 1990**

4. SOCIAL SECURITY NUMBER **543-20-6597**

5a. AGE - Last Birthday (Years) **36**

5b. Under 1 Year **36**

5c. Under 1 Day **36**

6. BIRTHPLACE (City and State or Foreign Country) **Klamath Falls, OR**

7. DATE OF BIRTH (Month, Day, Year) **August 26, 1904**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9. PLACE OF DEATH (Check only one)

10. HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA

11. OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

12. COUNTY OF DEATH **Klamath**

13. FACILITY NAME (If not institution, give street and number) **Clairmont Nursing Center**

14. KIND OF BUSINESS/INDUSTRY **Farming**

15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Married**

16. SPOUSE (If Married, Widowed) **Grace T. Short**

17. RESIDENCE - STATE **Oregon**

18. CITY, TOWN, OR LOCATION **Klamath Falls**

19. STREET AND NUMBER **6827 Airway Drive**

20. INSIDE CITY LIMITS? ☐ Yes ☒ No

21. ZIP CODE **97603**

22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

23. RACE American Indian, Black, White, etc. (Specify) **White**

24. DECEDENT'S EDUCATION (Specify only highest grade completed) **8**

25. FATHER - NAME first middle last **Burrell W. Short**

26. MOTHER - NAME first middle last **Elizabeth S. Routley**

27. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

28. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Klamath Falls Memorial Gardens**

29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *[Signature]*

30. LICENSE NUMBER (Of Licensee) **3287**

31. NAME, ADDRESS AND ZIP OF FACILITY **O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601**

32. REGISTRAR'S SIGNATURE *[Signature]*

33. DATE FILED (Month, Day, Year) **NOV 1 1990**

34. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A

36. TIME OF DEATH **5:25 P**

37. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

38. DATE SIGNED (Month, Day, Year) **November 1, 1990**

39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) **John J. Kleeman, M.D., 1905 Main Street, Klamath Falls, Oregon 97601**

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

41. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART I, AND (c) do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)

42. DUE TO, OR AS A CONSEQUENCE OF: **Chronic Bronchitis**

43. DUE TO, OR AS A CONSEQUENCE OF: **Aspiration Pneumonia**

44. DUE TO, OR AS A CONSEQUENCE OF: **Respiratory Distress Syndrome**

45. OTHER SIGNIFICANT CONDITIONS: **Chronic**

46. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide

47. DATE OF INJURY (Month, Day, Year)

48. TIME OF INJURY

49. INJURY AT WORK? ☐ Yes ☒ No

50. DESCRIBE HOW INJURY OCCURRED

51. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

52. LOCATION (Street and Number or Rural Route Number, City or Town, State)

53. INTERVAL BETWEEN ONSET AND DEATH **24 hours**

54. INTERVAL BETWEEN ONSET AND DEATH **10 hours**

55. INTERVAL BETWEEN ONSET AND DEATH **50 hours**

56. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk

57. AUTOPSY ☐ Yes ☒ No

58. If YES, findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

59. RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL COPY
REGISTERED AT THE OFFICE OF THE CLAMATH COUNTY REGISTRAR.DATE ISSUED **NOV 1 1990***Donna A. Verling*
DONNA A. VERLING
COUNTY REGISTRAR
CLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Grace T. Short** the **28th** day
of **Nov.** A.D., 19 **90** at **2:14** o'clock **P.M.**, and duly recorded in Vol. **m90**
of **Deeds** on Page **23609**Evelyn Biehn
By *[Signature]* County Clerk

FEE \$8.00

Return: Grace T. Short
6827 Airway Dr., Klamath Falls, Or. 97603