

CERTIFICATION OF VITAL RECORD

E-3185

I.D. TAG NO.

502
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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CONDITIONS

F. ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

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1. DECEDENT'S NAME First Ernest Middle Franklin Last WATERS			2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 2, 1990	
4. SOCIAL SECURITY NUMBER 446-18-8698		5a. AGE - Last Birthday (Years) 64	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Van Buren, AR	7. DATE OF BIRTH (Month, Day, Year) January 18, 1926
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) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D/OA 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		9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Crane Operator		10b. KIND OF BUSINESS/INDUSTRY Lumber Manufacturing		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Gracie
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER Rt 5 Box 1043		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 Specify:			
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4			
17. FATHER - NAME first middle last Frank - Waters			18. MOTHER - NAME first middle maiden Nora - Mullens		
19. INFORMANT - NAME and relationship to decedent Gracie R. Waters, wife			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)		
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory			20c. LOCATION - City or Town, State Klamath Falls, OR 97603		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna A. Verling</i>			21b. LICENSE NUMBER (Of Licensee) 53-0124		
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			23. DATE FILED (Month, Day, Year) DEC 3 1990		
24. REGISTRAR'S SIGNATURE <i>Donna A. Verling</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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			27. TIME OF DEATH 1215 P.M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
28. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>John J. Kleeman</i>			29. DATE SIGNED (Month, Day, Year) December 3, 1990		
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Kleeman, MD, 1905 Main Street, Klamath Falls, Oregon 97601			31. DATE SIGNED (Month, Day, Year) December 3, 1990		
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			33. DATE SIGNED (Month, Day, Year)		
34. 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) <i>Symptomatic</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>COPD</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Acute Perforated Ulcer</i> Interval between onset and death: <i>2 yrs.</i> Interval between onset and death: <i>20 yrs.</i> Interval between onset and death: <i>2 mos.</i>					
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I <i>Pancreatitis, perforated bowel</i>					
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"/> Legal Intervention <input type="checkbox"/> Homicide					
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> N/A					
40. DATE OF INJURY (Month, Day, Year)					
41. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)					
43. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

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45-2 REV.

DATE ISSUED DEC 11 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 Gracie Waters the 26th day of Dec. A.D., 19 90 at 12:05 o'clock P M., and duly recorded in Vol. M90 of Deeds on Page 25416.

FEE \$8.00

Return: Gracie Waters
636 Longacrea Ln. Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By Pauline Mullens