CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

26133 ASPEN 02036004 Vol. M91 Page 3190

B-3817

I.D. TAG NO. 52 Local File Number

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

88-002648 136- State File Number

'91 FEB 21 PM 3 21

1 DECEDENT'S NAME: First: Lois; Middle: Ellen; Last: GRUELL
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): Feb. 06, 1988
4 SOCIAL SECURITY NUMBER: 540/20/2292
5a AGE - Last Birthday (Years): 70
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Or.
7 DATE OF BIRTH (Month, Day, Year): Aug. 24, 1917
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8b PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9a FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9b CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
10b KIND OF BUSINESS/INDUSTRY: At Home
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Earl
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1536 Ivory Street
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No (not Spanish/Hispanic), Yes - Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other Spanish/Hispanic) ☐ 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): — College (1-4 or 5+): —
17 FATHER - NAME: First Middle Last: Charles Edward Hammond
18 MOTHER - NAME: First Middle Last: Sadie - Fletcher
19 INFORMANT - NAME and relationship to deceased: Earl Gruell / Husband
20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of Cemetery, Crematory or Other Place): Eternal Hills Memorial Gardens
20c LOCATION (City or Town, State): Klamath Falls, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b LICENSE NUMBER (If Licensee): 3409
21c NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc 1945 Main Street Klamath Falls, Oregon / 97601

TO BE COMPLETED BY CERTIFYING PHYSICIAN
22 TIME OF DEATH: 0915 M
23 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
24 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. Signature: Blake D. Berven
25 DATE SIGNED (Month, Day, Year): February 8, 1988
26 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

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

CAUSES OF DEATH

PART I
a. Respiratory failure — Due To (Or As A Consequence Of) — Interval between onset and death: 10 days
b. Severe asthmatic bronchitis related to smoking — Due To (Or As A Consequence Of) — Interval between onset and death: 30 years
PART II Other Significant Conditions: Paroxysmal atrial fibrillation

31 AUTOPSY (Yes/No): ☒ No
32 WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No

33 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
34 DATE OF INJURY (Month, Day, Year)
35 TIME OF INJURY: M
36 INJURY AT WORK? ☐ Yes ☐ No
37 DESCRIBE HOW INJURY OCCURRED
38 PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))
39 LOCATION (Street and Number or Rural Route Number, City or Town, State)

40 REGISTRAR'S SIGNATURE: Michelle Bartoff
41 DATE FILED (Month, Day, Year): FEB 09 1988
42 DID POTENTIAL REPRESENTATIVE MAKE REQUEST FOR MEDICAL GIFT DONATION? ☐ Yes ☐ No ☐ N/A
43 WAS GIFT MADE? ☐ Yes ☐ No ☐ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED FEB 14 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day of Feb. A.D., 19 91 at 3:21 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 3190.

FEE $8.00
Return: ATC

Evelyn Biehn, County Clerk
By Pauline Mullendore