

## CERTIFICATION OF VITAL RECORD

079783

I.D. TAG NO.

59

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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1. DECEDENT'S NAME First Middle Last Julia Marie KIMSEY			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) February 20, 1991
4. SOCIAL SECURITY NUMBER 540-30-8570	5a. AGE - Last Birthday (Years) 82	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Gurnee, Illinois	7. DATE OF BIRTH (Month, Day, Year) May 30, 1908
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 type="checkbox"/> Inpatient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> DOA OTHER: <input checked="" 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) Plum Ridge Care Center			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls, OR	
9d. COUNTY OF DEATH Klamath				
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Millworker			10b. KIND OF BUSINESS/INDUSTRY Lumber Mill	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced			12. SPOUSE (If Married, Widowed) -	
13a. RESIDENCE - STATE Oregon			13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 4021 Greensprings Dr.				
13d. COUNTY Klamath				
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			13f. ZIP CODE 97601	
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 (9-12) College (1-4 or 5+) 1				

## PARENTS

## DISPOSITION

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## REGISTRAR

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## CERTIFIER

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17. FATHER - NAME first middle last Rudolph - Kos			18. MOTHER - NAME first middle maiden Antoinette - Kakuska			19. INFORMANT - NAME and relationship to deceased Victor - Kimsey, son		
20a. METHOD OF DISPOSITION <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) Klamath Memorial Park			20c. LOCATION - City or Town, State Klamath Falls		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mike Mc</i>			21b. LICENSE NUMBER (Of Licensee) 3287			22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601		
23. DATE FILED (Month, Day, Year) FEB 21 1991			24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			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								

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 10:30 A.M. M	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Charles D. Bury M.D.</i>		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)	
30. DATE SIGNED (Month, Day, Year) February 20, 1991		33. DATE SIGNED (Month, Day, Year) COUNTY	

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, M.D., 2300 Clairmont St., Klamath Falls, OR 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

36. 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.)		Interval between onset and death
PART I (a) <i>Myocardial Infarction</i>		Interval between onset and death
(b) <i>Arteriothrombotic heart disease</i>		Interval between onset and death
(c) <i>Left sided CVA.</i>		Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <i>Left sided CVA.</i>		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> N/A
40. 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	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE				
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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED FEB - 1991

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Anne Pearson the 22nd day  
of Feb. A.D., 19 91 at 10:21 o'clock A M., and duly recorded in Vol. M91  
of Deeds on Page 3227

Evelyn Biehn County Clerk

By Donna A. Verling

FEE \$8.00

Return: Anne Pearson

321 Peninsula Dr., North Bend, Or. 97459