26594

'91 MAR 6 AM 11 55

Vol M91 Page 4026

CERTIFICATION OF VITAL RECORD

37629 I.D. TAG NO.

300 Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: James; Middle: Robert; Last: LEIGHTON
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 16, 1988
4. SOCIAL SECURITY NUMBER: 208-24-7360
5a. AGE - Last Birthday (Years): 50
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Erie, Pennsylvania
7. DATE OF BIRTH (Month, Day, Year): January 27,1938
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ 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.): Dept. Manager
10b. KIND OF BUSINESS/INDUSTRY: Big "R" Ranch Supply
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Theodocia
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1904 Etna
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Joseph - Leighton
18. MOTHER - NAME first middle maiden: Dolores - Miller
19. INFORMANT - NAME and relationship to deceased: Theodocia Leighton - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Fort Klamath Cemetery
20c. LOCATION - City or Town, State: Fort Klamath, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls, Ore. 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1830 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year): 8/17/88

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, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): G. Craig Merhoff, MD - 2680 Uhrmann - Klamath Falls, Ore. 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Ken Tuttle M.D.

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

32. 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) Respiratory Failure — Interval between onset and death: 1hr
DUE TO, OR AS A CONSEQUENCE OF:
(b) Lung Cancer — Interval between onset and death: Approx 2 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) Smoking — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Metastisis to Brain, Bone, Axilla
33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death? Yes

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☐ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bartoff
38. DATE FILED (Month, Day, Year): AUG 19 1988
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

45-2 REV.

ORIGINAL—VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED AUG 19 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Theodocia Leighton the 6th day of March A.D., 19 91 at 11:55 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 4026.

FEE $8.00
Return: Theodocia Leighton
1904 Etna, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk
By Darlene Mullendore