

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

138-

C 4714
I.D. TAG NO.

Local File Number

State File Number

1. DECEDENT'S NAME First: Eric Middle: A. Last: MAJORS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 18, 1991
4. SOCIAL SECURITY NUMBER 543-10-5473		5a. AGE - Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Niles, Oklahoma		7. DATE OF BIRTH (Month, Day, Year) December 10, 1913	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) 128 Grant Street		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Claim Adjuster		10b. KIND OF BUSINESS/INDUSTRY Insurance Claims	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) Helen Majors	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. STREET AND NUMBER 128 Grant Street	
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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		17. College (1-4 or 5+)	
17. FATHER - NAME first middle last Al Farmer Majors		18. MOTHER - NAME first middle maiden Edith Ticer	
19. INFORMANT - NAME and relationship to deceased Helen Majors Spouse		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mari Miller</i>		21b. LICENSE NUMBER (Of Licensee) 3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) MAR 18 1991	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 8:58		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the causes and manner stated. (Signature) <i>M.D.</i>		30. DATE SIGNED (Month, Day, Year) March 18, 1991	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John Freeman M.D. 1905 Main Street Klamath Falls, Oregon 97601		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33. 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) Cancer of Stomach & mets. DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Heart, lungs		34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	
35. DATE OF INJURY (Month, Day, Year) March 18, 1991		36. TIME OF INJURY 8:58	
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home	
39. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. DESCRIBE HOW INJURY OCCURRED		42. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
43. LOCATION (Street and Number or Rural Route Number, City or Town, State)		44. RESERVED FOR REGISTRAR'S USE	

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43-2 REV. 1-88

DATE ISSUED

MAR 19 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Majors
of March A.D., 19 91 at 3:47 o'clock P.M., and duly recorded in Vol. M91 day
of Deeds on Page 4944

FEE \$8.00

Return: Helen Majors

128 Grant, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By Pauline Miller