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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

E-5411 — I.D. TAG NO.

331 — Local File Number

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

136- 90-015603 — State File Number

1. DECEDENT'S NAME: First: Richard; Middle: Brockway; Last: LEWIS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 10, 1990
4. SOCIAL SECURITY NUMBER: 172/14/0572
5a. AGE - Last Birthday (Years): 67
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Canonsburg, Pa.
7. DATE OF BIRTH (Month, Day, Year): November 9, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [X] Nursing Home [ ] Decedent's Home [ ] 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
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Claims Adjuster
10b. KIND OF BUSINESS/INDUSTRY: Insurance
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lynden
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1411 Canby
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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+): 3
17. FATHER - NAME first middle last: Joseph - Lewis
18. MOTHER - NAME first middle maiden: Margaret - Brockway
19. INFORMANT - NAME and relationship to deceased: Lynden Lewis / Wife
20a. METHOD OF DISPOSITION: [ ] Burial [X] 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 (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year): AUG 13 1990
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1745 M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Kenneth K Magee
30. DATE SIGNED (Month, Day, Year): 8-13-90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Oregon / 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.

PART I
(a) Pneumonia, metastatic to brain — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 2 weeks
(b) Cell Cell Carcinoma, lung — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: June 3-26-90
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? [ ] Yes [ ] No [ ] Probably [X] Unk
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [ ] No
41d. DESCRIBE HOW INJURY Ooccurred
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

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 APR 10 1991

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lynden Lewis of April A.D., 19 91 at 9:39 o'clock A. M., and duly recorded in Vol. M 91 of Deeds on Page 7369 the 23 day.

FEE $8.00

County Clerk

By Shirley J. Brennan

Return: Lynden Lewis, 1411 Canby Street, Klamath Falls, OR 97601