CERTIFICATION OF VITAL RECORD

29349

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M91 Page 9021

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

087867 I.D. TAG NO. | 136- State File Number | Local File Number

1. DECEDENT'S NAME: First: James	Middle: Wesley	Last: GARRETT	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): May 1, 1991	
4. SOCIAL SECURITY NUMBER: 541-24-7053	5a. AGE-Last Birthday (Years): 62	5b. Under 1 Year: Mos / Days	5c. Under 1 Day: Hours / Mins	6. BIRTHPLACE (City and State or Foreign Country): East St. Louis, Missouri	7. DATE OF BIRTH (Month, Day, Year): July 4, 1928
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No	9a. PLACE OF DEATH (Check only one): [X] Hospital: Inpatient / ER/Outpatient / DOA	[ ] Other: Nursing Home / Decedent's Home / Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number): UNIVERSITY HOSPITAL SOUTH	9c. CITY, TOWN OR LOCATION OF DEATH: PORTLAND	9d. COUNTY OF DEATH: MULTNOMAH			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sergeant	10b. KIND OF BUSINESS/INDUSTRY: U. S. Air Force	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	12. SPOUSE (If Married, Widowed or Divorced): Dolly Garrett		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 2116 Herbert		
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): 12 / College (1-4 or 5+): ---	
17. FATHER - NAME First middle last: Wesley H. Garrett	18. MOTHER - NAME First middle maiden: Nora E. Keller	19. INFORMANT - NAME and relationship to deceased: Dolly Garrett - Wife			
20a. METHOD OF DISPOSITION: [X] 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: Robert D Young Jr	21b. LICENSE NUMBER (Of Licensee): 47 3326	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4/11 Highway # 39, Klamath Falls, Oregon 97603			
23. DATE FILED (Month, Day, Year): MAY 03 1991	24. REGISTRAR'S SIGNATURE: Edward Johnson II				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] NA	26. WAS GIFT MADE? [ ] No [ ] Yes [X] NA				

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:00 a M	28. WAS MEDICAL EXAMINER NOTIFIED? [X] Yes [ ] 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): Wayne Kenyon MD

30. DATE SIGNED (Month, Day, Year): 5/1/91

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): DARYL KURSANA MD 3181 SW Sam Jackson Park Road, Portland, Oregon 97201

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Lloyd Taylor

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) Adult Respiratory Distress Syndrome		Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: (b) Aspiration Pneumonia		Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF: (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 [X] No [ ] Probably: Unk	38. AUTOPSY [ ] Yes [ ] No

39. Were autopsy findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A

40. MANNER OF DEATH: [ ] 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 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

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 MAY 03 1991

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

'91 MAY 13 PM 2 59

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dolly A. Garrett the 13th day of May A.D., 19 91 at 2:59 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 9021.

Evelyn Biehn - County Clerk
By Pauline Muilenburg

FEE $8.00

Return: Dolly Garrett
2116 Herbert, Klamath Falls, Or. 97601