

20077
I.D. TAG NO.OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

136-

Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <u>Ronald</u> Middle: <u>Jack</u> Last: <u>LINDSAY</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>February 23, 1988</u>			
4. SOCIAL SECURITY NUMBER <u>540-62-5056</u>		5a. AGE - Last Birthday (Years) <u>35</u>	5b. UNDER 1 YEAR Mos. _____ Days _____	5c. UNDER 1 DAY Hours _____ Mins. _____	6. BIRTHPLACE (City and State or Foreign) <u>Klamath Falls, Oregon</u>	7. DATE OF BIRTH (Month, Day, Year) <u>August 7, 1952</u>
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) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) <u>Rogue Valley Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>			9d. COUNTY OF DEATH <u>Jackson</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Truck driver</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Logging</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Margaret L.</u>
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Merrill</u>		13d. STREET AND NUMBER <u>W. Court Drive</u>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>97633</u>		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) <u>White</u>
15. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>						
17. FATHER - NAME first middle last <u>Jack L. Lindsay</u>		18. MOTHER - NAME first middle maiden <u>Dorothy M. Turner</u>		19. INFORMANT - NAME and relationship to decedent <u>Margaret L. Lindsay, wife</u>		
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) <u>Malin Community Cemetery</u>		20c. LOCATION - City or Town, State <u>Malin, Oregon</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>		21b. LICENSE NUMBER (Of Licensee) <u>47-3104</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>		
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
23. TIME OF DEATH <u>2:00 P.M.</u>		24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <u>Gerald B. Ahmann</u>						
26. DATE SIGNED (Month, Day, Year) <u>February 25, 1988</u>						
27. NAME, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Gerald B. Ahmann, MD, 1025 East Main Street, Medford, Oregon 97504</u>						
28. DATE SIGNED (Month, Day, Year) _____ COUNTY _____						
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE) <u>Sepsis</u>						
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
34. IF YES were findings considered in determining cause of death? <u>YES</u>						
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner		36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY _____ M _____		36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		
37. REGISTRAR'S SIGNATURE <u>Donna L. Collins</u>		38. DATE FILED (Month, Day, Year) <u>FEB 25 1988</u>				
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				

STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE FEB 25 1988

after recording please return to

Margaret L. Lindsay

P O Box 127

Merrill, OR 97633

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 25th day of June A.D., 19 91 at 11:20 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 12121

FEE \$8.00

Evelyn Biehn County Clerk

By Rauline Mullendore