CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

34195

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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

26 Local File Number — 78-009136 State File Number

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	DENNIS WILBERT WATKINS
2. Date of Death (Month, Day, Year)	June 16, 1978
3. Race	White
4. Sex	Male
5a. Age—Last Birthday (Years)	40
6. Date of Birth (Month, Day, Year)	September 2, 1937
7a. County of Death	Grant
7b. City, Town, or Location of Death	Suplee, Oregon
7c. Hospital or Other Institution—Name	Between Weberg & Robertson Ranches
8. State of Birth	New Mexico
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Spouse	Trudy
12. Was decedent ever in U.S. Armed Forces?	no
13. Social Security Number	573-46-7858
14a. Usual Occupation	Commercial Pilot - Mechanic
14b. Kind of Business or Industry	Aviation
15a. Residence—State	Oregon
15b. County	Grant
15c. City, Town, or Location	John Day X
15d. Street and Number or R.F.D.	216 N.W. 2nd Street
15e. Inside City Limits	yes
16. Father—Name	Thomas Jefferson Watkins
17. Mother—Maiden Name	Pearl Seymour
18. Informant—Name and Relationship to Decedent	Trudy Watkins (wife)

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory—Name	Lost River Cemetery
19c. Location (City or Town, State)	Bonanza, Oregon
20a. Funeral Service Licensee	(signature)
20b. Name and Address of Facility	Driskill Memorial Chapel, 241 So. Canyon Blvd., John Day, Oregon 97845

CERTIFIER — MEDICAL EXAMINER

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Field	Entry
21a. Death Occurred (Hour)	8:45 A.M.
21b. The decedent was pronounced dead (Month, Day, Year, Hour)	6 16 1978 10:00 A.M.
21c. From	Accident [X]
21d. Certifier—Signature	(signature)
21e. Name (Type or Print)	William O. Stahl, M.D.
21f. Medical Examiner For	Grant County
21g. Date Signed	6-19-78
22a. Date Received by Registrar	June 21, 1978
22b. Registrar (Signature)	Patricia A. Johnston

CAUSE OF DEATH

Part	Cause	Interval between onset and death
I (a) Immediate cause	Traumatic Head & Chest Injuries	immediate
(b) Due to, or as a consequence of		
(c) Due to, or as a consequence of		
II Other significant conditions		

Field	Entry
25a. Date of Injury	June 16, 1978
25b. Hour	8:30AM
25c. How Injury Occurred	Airplane accident
25d. Inj. at Work	yes
25e. Place of Injury	Farm
25f. Location	Suplee, Ore. between Weberg & Robertson Ranches

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RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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 SEP 04 1991

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

STATE OF OREGON, County of Klamath) ss.

Filed for record at the request of Michael L. Brant and received this 6th day of September, 1991 at 12:21 o'clock P.M., and recorded in the Official Records of Klamath County, Oregon in Volume M 91 at Page 17801 . Deeds.

EVELYN BIEHN, County Clerk

By: (signature) Deputy

AFTER RECORDING RETURN TO:
MICHAEL L. BRANT
ATTORNEY AT LAW
325 MAIN STREET
KLAMATH FALLS, OR 97601

Fee $8.00