CERTIFICATION OF VITAL RECORD

MTC 26200-LH

OREGON HEALTH DIVISION

35286 — CENTER FOR HEALTH STATISTICS — Vol. M91 Page 19722

ENT 74K — 45752 I.D. TAG NO. — 220-50 Local File Number

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

136- 89-006534 State File Number

1. DECEDENT'S NAME — First: Ole	Middle: -	Last: MOODY	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): March 16, 1989	
4. SOCIAL SECURITY NUMBER: 519-09-4613	5a. AGE - Last Birthday (Years): 75	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Troy ID	7. DATE OF BIRTH (Month, Day, Year): June 17, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): 10359 Tiller Trail Hwy.	9c. CITY, TOWN, OR LOCATION OF DEATH: Days Creek	9d. COUNTY OF DEATH: Douglas			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Timber Faller	10b. KIND OF BUSINESS/INDUSTRY: Logging	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Grace		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Douglas	13c. CITY, TOWN, OR LOCATION: Days Creek	13d. STREET AND NUMBER: 10359 Tiller Trail Hwy.		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97429	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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+): 1	
17. FATHER - NAME first middle last: Peter Moody	18. MOTHER - NAME first middle maiden: Kristina Munson	19. INFORMANT - NAME and relationship to deceased: Grace Moody Wife			
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Cemetery	20c. LOCATION - City or Town, State: Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael E Blackmarr	21b. LICENSE NUMBER (Of Licensee): 3041	22. NAME, ADDRESS AND ZIP OF FACILITY: BLACKMARR'S MOUNTAIN VIEW FUNERAL HOME INC. 428 NE PACIFIC HWY, MYRTLE CREEK 97457			
23. DATE FILED (Month, Day, Year): MAR 31 1989	24. REGISTRAR'S SIGNATURE: Janice Brock				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A				

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:36 PM — 28. WAS MEDICAL EXAMINER NOTIFIED? ☒ 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): Michael O'Neil MD

30. DATE SIGNED (Month, Day, Year): 3/28/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M — 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hou

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): Michael O'Neil, MD — 272 Medical Loop — Roseburg, OR

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) Liver metastases — Interval between onset and death: 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) Rectal Carcinoma — Interval between onset and death: One yea
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 ☒ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ 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.

SEP 24 1991
DATE ISSUED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 30th day of Sept. A.D., 19 91 at 9:43 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 19722.

Evelyn Biehn · County Clerk
By Pauline Muldendore

FEE $8.00

Return: MTC

91 SEP 30 AM 9 43