

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1 NAME—FIRST, MIDDLE, LAST

Edgar Milton SAMPLE

2 SEX

Male

3 DEATH DATE (Mo, Day, Yr)

Sept 15 1991

146

STATE FILE NUMBER

4 AGE LAST BIRTH DAY (Yr)

82

5 UNDER 1 YEAR

MOS DAYS

6 UNDER 1 DAY

HOURS MINS

7 BIRTH DATE (Mo, Day, Yr)

Mar 1 1909

8 BIRTH STATE (If not in USA give country)

Kansas

9 CITIZEN OF WHAT COUNTRY

USA

10 COUNTY OF DEATH

Yakima

11 CITY, TOWN OR LOCATION OF DEATH

Yakima

12 PLACE OF DEATH — ☐ HOME ☐ IN TRANSIT ☐ EMERG. REMOVAL PTN ☐ HOSP ☐ IN HOME ☐ OTHER PLACE

St. Elizabeth Medical Center

13 SMOKING IN LAST 15 YEARS (Yr, No)

NO

14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)

Widowed

15 SURVIVING SPOUSE (If wife give maiden name)

Maggie Ellen Sample DEC

16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yr, No)

NO

17 SOCIAL SECURITY NO

521-05-2127

18 HIGH SCHOOL GRADUATE? (Yr, No)

NO

19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)

Millwright Supervisor

20 KIND OF BUSINESS OR INDUSTRY

Lumber Mill

21 Was Decedent of Hispanic Origin or descent? (Ancestry: Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ Yes 2 ☒ No

22 RACE (White, Black, Amer. Ind. or Pac. Ind., or other race or ethnicity)

White

23 RESIDENCE—NUMBER AND STREET

2131 Laurel Street

24 CITY, TOWN, OR LOCATION

Klamath Falls

25 INSIDE CITY LIMITS? (Yr, No)

Yes

26 COUNTY

Klamath

27 STATE

Oregon

28 ZIP CODE

97601

29 FATHER'S NAME—FIRST, MIDDLE, LAST

Isaac Milton Sample

30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME

Bertha Incho

31 INFORMANT—NAME

Carolyn A. McDaid

32 RELATIONSHIP TO DECEASED

Daughter

33 MAILING ADDRESS

2131 Laurel Street, Klamath Falls, Oregon 97601

34 DATE (Mo, Day, Yr)

Sept 19 1991

35 CEMETERY CREMATORY—NAME

Klamath Memorial Park

36 LOCATION—CITY, TOWN, STATE

Klamath Falls, Oregon

37 FUNERAL DIRECTOR SIGNATURE

X *Donnelly*

38 NAME OF FACILITY

Keith & Keith Funeral Home

39 ADDRESS OF FACILITY

P.O. Box 2824

40 CITY, TOWN, STATE

Yakima, WA 98907

41 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

42 SIGNATURE AND TITLE

X *Leonard Birkinbine*

43 DATE SIGNED (Mo, Day, Yr)

September 16, 1991

44 HOUR OF DEATH (24 Hrs)

1355

45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

Leonard Birkinbine, Coroner

46 PLACE OF DEATH (Mo, Day, Yr)

September 15, 1991

47 HOUR OF DEATH (24 Hrs)

1355

48 PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(A) Head and Internal Injuries

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) DUE TO, OR AS A CONSEQUENCE OF:

INTERVAL BETWEEN ONSET AND DEATH

1 day

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

INTERVAL BETWEEN ONSET AND DEATH

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 ACC, SUICIDE, HO, UNDET, OR PENDING INVEST. (Specify)

No

53 INJURY DATE (Mo, Day, Yr)

Sept 14, 1991

54 HOUR OF INJURY (24 Hrs)

1315

55 DESCRIBE HOW INJURY OCCURRED

Two car motor vehicle accident

56 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, SHOP, ETC (Specify)

N. 1st Street between Tamarac & Sycamore

57 INJURY AT WORK? (Yr, No)

No

58 REGISTRAR SIGNATURE

X *Robert S. Leonard, M.D.*

59 DATE RECEIVED (Mo, Day, Yr)

SEP 17 1991

60 THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of the original certificate of death on file in the Yakima County Health District Office.

SEP 17 1991

61 REGISTRAR SIGNATURE

X *Robert S. Leonard, M.D.*

62 DATE RECEIVED (Mo, Day, Yr)

SEP 17 1991

63 THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

SEP 17 1991

64 STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carolyn A. McDaid

of Oct. 91 at 3:28 o'clock P.M. and duly recorded in Vol. M91

of Deeds on Page 21413.

FEE \$8.00

Return: Carolyn McDaid

2117 Laurel, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By *Robert S. Leonard, M.D.*

SEAL

OFFICIAL SEAL

YAKIMA, WASHINGTON

Date SEP 17 1991

DOH 51-003 (7/89)