

CERTIFICATION OF VITAL RECORD

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

087878 I.D. TAG NO. <u>353</u> Local File Number		136- State File Number	
1. DECEDENT'S NAME First: <u>John</u> Middle: <u>Henry</u> Last: <u>CHARLES</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>October 1, 1991</u>
4. SOCIAL SECURITY NUMBER <u>446-07-7357</u>		5a. AGE - Last Birthday (Years) <u>88</u>	5b. Under 1 Year Mos. Days Hours Mins. <u>Stillwater, Okla.</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 type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____	
9b. FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Tie Machine Operator</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Kesterson Logging</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Ruth Charles</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>2530 Radcliffe</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>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 16) <u>8</u>		17. FATHER - NAME first middle last <u>Mount - Charles</u>	
18. MOTHER - NAME first middle maiden <u>Nannie - Catcher</u>		19. INFORMANT - NAME and relationship to decedent <u>Ruth Charles - Spouse</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39/ Klamath Falls, Ore. 97603</u>		23. DATE FILED (Month, Day, Year) <u>OCT 1 1991</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. TIME OF DEATH <u>8:00 a</u>		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Jon G. McKellar</u>		29. DATE SIGNED (Month, Day, Year) <u>10/1/91</u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD - 2300 Clairmont - Klamath Falls, Ore. 97601</u>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____	
32. 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) DUE TO, OR AS A CONSEQUENCE OF: <u>Arteriosclerotic Cardiovascular Disease</u> (b) DUE TO, OR AS A CONSEQUENCE OF: _____ (c) DUE TO, OR AS A CONSEQUENCE OF: _____ PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I _____ 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) _____ 41b. TIME OF INJURY _____ 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) _____	

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DATE ISSUED OCT 1 1991Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruth Charles the 15th day
of Oct. A.D., 19 91 at 2:21 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 21554
Evelyn Biehn - County Clerk
By Donna A. Verling

FEE \$8.00

Return: Ruth Charles

2530 Radcliffe, Klamath Falls, Or. 97601