CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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MTC#26662-NM

87-006649

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

B 5065
ID TAG NO.
138
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED – NAME: First THOMAS; Middle ROY; Last HURST
2 DATE OF DEATH (month, day, year): March 30, 1987
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE – Last birthday (years): 61
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): July 15, 1925
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number): Klamath Convalescent Ceneter
7c IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): England
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): June
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): NO
13 SOCIAL SECURITY NUMBER: 567 - 40 - 7339
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor - Retired
14b KIND OF BUSINESS OR INDUSTRY: Realty
15a RESIDENCE – STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 2144 Eberlein
ZIP: 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER – NAME (first, middle, last): Thomas Hurst
17 MOTHER – NAME (first, middle, last, Maiden Name): Mabel
18 INFORMANT – NAME and relationship to deceased: June Hurst - Spouse

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation
19b CEMETERY OR CREMATORY – NAME: Eternal Hills Memorial Gardens
19c LOCATION (City or Town, State): Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster
20b NAME AND ADDRESS OF FACILITY: Ward's Funeral Home/ 1945 Main St./ Klamath Falls, Ore.
21a DATE SIGNED (Mo., Day, Year): 3-30-87
21b HOUR OF DEATH: 4:56 P.M.

CERTIFIER

To Be Completed By CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Alan M. Grobman
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): 905 Main St. - Klamath Falls, Oregon ZIP 97601
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Alan M. Grobman, MD
21e DATE RECEIVED BY REGISTRAR (Mo., Day, Year): MAR 30 1987
22a REGISTRAR (Signature): Barbara E. Cramer
22b Interval between onset and death

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).): RESPIRATORY FAILURE — Interval between onset and death: 3 DAYS
(a) DUE TO, OR AS A CONSEQUENCE OF: CHRONIC OBSTRUCTIVE PULMONARY DISEASE — Interval between onset and death: 20 YEARS
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)
PART II OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not related to cause given in PART I (a): CEREBELLAR TUMOR
24 AUTOPSY (Specify Yes or No): NO
25 WAS MEDICAL EXAMINER NOTIFIED (Specify yes or No): NO

4 [illegible]
5
6

26a ACCIDENT (Specify Yes or No): NO
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY
26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)
26f PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify)
26g LOCATION – STREET OR R.F.D. NO., CITY OR TOWN, STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N A ☐
WAS GIFT MADE? YES ☐ NO ☐ N A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

AFTER RECORDED RETURN TO:
June R. Hurst
2144 Eberlein
Klamath Falls, OR 97601

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 DEC 04 1991

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 6th day of Dec. A.D., 19 91 at 9:34 o'clock AM., and duly recorded in Vol. M91 of Deeds on Page 25469.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00