MTC 27125

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OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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E-3154 I.D. TAG NO.

115 Local File Number

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

136- 90-005305 State File Number

'92 MAR 11 AM 8 50

1. DECEDENT'S NAME: First: Donald	Middle: Wayne	Last: HUBBLE	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): March 13, 1990	
4. SOCIAL SECURITY NUMBER: 543-34-2485	5a. AGE - Last Birthday (Years): 55	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Eaton, Colorado	7. DATE OF BIRTH (Month, Day, Year): May 6, 1934
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA	9a. PLACE OF DEATH (Check only one) OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		9d. COUNTY OF DEATH: Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Herdsman	10b. KIND OF BUSINESS/INDUSTRY: Dairy Industry	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Shirley May		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 1829 Dawn Court		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	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):	College (1-4 or 5+): 4
17. FATHER - NAME first middle last: King Solomon Hubble	18. MOTHER - NAME first middle maiden: Annette - Puckett	19. INFORMANT - NAME and relationship to deceased: Shirley May Hubble, wife			
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, OR 97603			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport	21b. LICENSE NUMBER (Of Licensee): 47-3104	22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year): MAR 15 1990	24. REGISTRAR'S SIGNATURE: Nancy Kennedy				
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: 2147 P M
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)
30. DATE SIGNED (Month, Day, Year): March 14, 1990

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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): Steven K. Bidleman, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601

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) Gastric Carcinoma with Carcinomatosis — Interval between onset and death: Months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
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

AFTER RECORDING RETURN TO:
Shirley M. Hubble
P.O. Box 7477
Klamath Falls, OR 97602

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 MAR 09 1992

Edward J. Johnson II
EDWARD J. JOHNSON II, COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 11th day of March A.D., 1992 at 8:50 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 5066.

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Mullendore