CERTIFICATION OF VITAL RECORD

103086 I.D. TAG NO.

42076 117 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

Vol M92 Page 5131

CERTIFICATE OF DEATH

136- State File Number

'92 MAR 11 PM 2 31

DECEDENT

1 DECEDENT'S NAME: First: Dewey; Middle: -; Last: CLINTON

2 SEX: M

3 DATE OF DEATH: March 5, 1992

4 SOCIAL SECURITY NUMBER: 722/10/5774

5a AGE - Last Birthday (Years): 72

5b Under 1 Year: Mos. / Days

5c Under 1 Day: Hours / Mins.

6 BIRTHPLACE (City and State or Foreign Country): Clay Co., TN

7 DATE OF BIRTH: March 17, 1919

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

8a PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

8b FACILITY NAME (If not institution, give street and number): Merle West Medical Center

9a CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9b COUNTY OF DEATH: Klamath

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carman

10b KIND OF BUSINESS/INDUSTRY: Rail Road

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12 SPOUSE (If Married, Widow(er)): Helen

13a RESIDENCE - STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN OR LOCATION: Klamath Falls

13d STREET AND NUMBER: 4456 Day Drive

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): 2

PARENTS

17 FATHER - NAME first middle last: Morrison - Clinton

18 MOTHER - NAME first middle maiden: Mary - -

DISPOSITION

19 INFORMANT - NAME and relationship to deceased: Helen Clinton / Wife

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removed from State ☐ Donation ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward

21b LICENSE NUMBER (Of Licensee): 3409

22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

23 DATE FILED (Month, Day, Year): MAR 10 1992

24 REGISTRAR'S SIGNATURE: Charlene Barcus

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 1745 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): Jerri L. Britsch, MD

30 DATE SIGNED (Month, Day, Year): 3-6-92

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jerri L. Britsch, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M

31b DATE PRONOUNCED DEAD (Month, Day, Year)

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)

CAUSE OF DEATH

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

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) Metastatic prostate carcinoma — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death: 1988 - 1992
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.
Aspiration pneumonia
COPD

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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED MAR 10 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Clinton
of March A.D., 19 92 at 2:31 o'clock P M., and duly recorded in Vol. M92, the 11th day
of Deeds on Page 5131.

FEE $10.00
Return: Helen Clinton
4456 Day Dr., Klamath Falls, Or. 97603

Evelyn Biehn · County Clerk
By Doreen Mullendore