CERTIFICATION OF VITAL RECORD

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I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

Local File Number

DECEDENT

1. DECEDENT'S NAME: First: James; Middle: Martin; Last: SAIGEON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 9, 1992
4. SOCIAL SECURITY NUMBER: 539-26-3346
5a. AGE-Last Birthday (Years): 61
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Montasano, WA
7. DATE OF BIRTH (Month, Day, Year): April 14, 1930
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): University Hospital South
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Staff Sergeant
10b. KIND OF BUSINESS/INDUSTRY: United States Air Force
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Margaret E. MIX
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Crescent Lake
13d. STREET AND NUMBER: Box 116
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97425
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): 12th.; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Harvey C. Saigeon
18. MOTHER - NAME first middle maiden: Evelyn Smith

INFORMANT

19. INFORMANT - NAME and relationship to deceased: Mrs. Margaret Saigeon, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 3024
22. NAME, ADDRESS AND ZIP OF FACILITY: Lincoln Willamette Funeral Directors, 9775 S.E. Mt. Scott Blvd., Portland, Oregon 97266
Registrar's Signature: [signature]
21. DATE FILED (Month, Day, Year): FEB 18 1992
23. 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: 1:20 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): [signature]
30. DATE SIGNED (Month, Day, Year): 2/9/92

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)
COUNTY
33. DATE SIGNED (Month, Day, Year)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KATHERINE BENSTINK M.D 3181 SW Sam Jackson Park Road, Portland, OR 97201
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): RON HERSHBERGER

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) VENTRICULAR TACHYCARDIA — Interval between onset and death: UNKNOWN
DUE TO, OR AS A CONSEQUENCE OF:
(b) ISCHEMIC DILATED CARDIOMYOPATHY — Interval between onset and death: 4 HRS
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: PNEUMONIA
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
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

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

FEB 18 1992
DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret E. Saigeon the 23rd day of March A.D., 19 92 at 11:44 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 6000.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $10.00
Return: Margaret Saigeon
Box 116, Crescent Lake, Or. 97425