CERTIFICATION OF VITAL RECORD

42720

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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E 5437 I.D. TAG NO.

41 Local File Number

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

138- 90-001821 State File Number

1. DECEDENT'S NAME: First Ronald	Middle George	Last WATSON	2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): January 29, 1990			
4. SOCIAL SECURITY NUMBER: 549-50-2411	5a. AGE - Last Birthday (Years): 53	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): San Francisco, CA.	7. DATE OF BIRTH (Month, Day, Year): November 13,1936		
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) Hwy #97		
9b. FACILITY NAME (If not institution, give street and number): Hwy # 97 - Milepost # 262	9c. CITY, TOWN, OR LOCATION OF DEATH: Near Chiloquin	9d. COUNTY OF DEATH: Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Autobody Repairman	10b. KIND OF BUSINESS/INDUSTRY: Autobody repair	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Doris
13a. RESIDENCE - STATE: California	13b. COUNTY: Contra Costa	13c. CITY, TOWN, OR LOCATION: Rodeo	13d. STREET AND NUMBER: 1219 Sterling Dr.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 94572	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): 7 College (1-4 or 5+):			
17. FATHER - NAME first middle last: William - Watson	18. MOTHER - NAME first middle maiden: Gertrude -	19. INFORMANT - NAME and relationship to deceased: Ronald Watson - Son	
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Donation ☐ Removal from State ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, Ore.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster	21b. LICENSE NUMBER (Of Licensee): 3224	22. NAME, ADDRESS AND ZIP OF FACILITY: WARD'S Funeral Home 1945 Main St. Klamath Falls, Ore. 97601	
23. DATE FILED (Month, Day, Year): FEB 2 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: 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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 10:30 A M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): Jan. 29, 1990 10:30 A 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) James N. Beggs

33. DATE SIGNED (Month, Day, Year): 2/1/90 COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD - 2300 Clairmont - 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) DUE TO, OR AS A CONSEQUENCE OF: Closed Chest Injury - Flail Right Chest — Interval between onset and death: 1mm.
(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.

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 ☐ Pending Investigation ☒ Accident ☐ Undetermined ☐ Suicide ☐ Manner ☐ Homicide ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year): 1/29/90	41b. TIME OF INJURY: 10:30 A M	41c. INJURY AT WORK? ☐ Yes ☒ No	41d. DESCRIBE HOW INJURY OCCURRED: Head on collision - driver
	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Highway			41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Hwy 97-mi@262 / Chiloquin, Ore.

RESERVED FOR REGISTRAR'S USE: 4141

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.

Edward J. Johnson II

EDWARD J. JOHNSON II, COUNTY REGISTRAR

DATE ISSUED MAR 18 1992

RETURN:
DVA
700 SUMMERS ST. NE
SALEM, OR 97310-120

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 27th day of March A.D., 19 92 at 11:20 o'clock A.M., and duly recorded in Vol. M92, of Deeds on Page 6385.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00