

068587
I.D. TAG NO.

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

Vol. M92 Page 9289

14244 3/3
Local File Number

136-

State File Number

DECEDENT

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

1. DECEDENT'S NAME First: Hollis, Middle: Allen, Last: WRIGHT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 18, 1989
4. SOCIAL SECURITY NUMBER 544-10-7121		5a. AGE - Last Birthday (81)	5b. Under 1 Year Mos. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) December 24, 1907	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other		9. BIRTHPLACE (City and State or Foreign Country) Eldorado, OK	
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. SPOUSE (If Married, Widowed, Divorced (Specify)) Lottie M.	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heating Plant Supervisor		15. KIND OF BUSINESS/INDUSTRY Civil Service U.S. Airforce Base	
16. RESIDENCE - STATE Oregon		17. STREET AND NUMBER 2650 Memorial Drive	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. ZIP CODE 97601	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		21. RACE White	
22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12)		23. College (1-4 or 5+)	
24. FATHER - NAME first middle last George Al Wright		25. MOTHER - NAME first middle maiden Mae -	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merrill Reil</i>		29. LICENSE NUMBER (Of Licensee) 3329	
30. DATE FILED (Month, Day, Year) JUL 24 1989		31. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
34. TIME OF DEATH 10:45 P. <input type="checkbox"/> M <input checked="" type="checkbox"/> P		35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Jon G. McKellar</i> M.D.		37. 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)	
38. DATE SIGNED (Month, Day, Year) July 19, 1989		39. DATE SIGNED (Month, Day, Year) COUNTY	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
42. 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: <i>Pneumonia</i>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <i>COPD / Asthma</i>		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		44. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. DATE OF INJURY (Month, Day, Year)		46. TIME OF INJURY	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		48. DESCRIBE HOW INJURY OCCURRED	
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)		50. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

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

45-2 REV. 1-80

DATE ISSUED

JUL 24 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Klamath County Title Co. the 30th day of April A.D., 19 92 at 9:10 o'clock AM., and duly recorded in Vol. M92 of Deeds on Page 9289.

FEE \$10.00

Evelyn Biehn County Clerk

By *Pauline Nicksa*

Return: Klamath First Federal
540 Main St., Klamath Falls, Or. 97601