

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

State File Number

DECEDENT

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1. DECEDENT'S NAME: Hollis Allen 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: Mo. 5c. Under 1 Day: Hours 5d. Mins. 6. BIRTHPLACE (City and State or Foreign Country): Eldorado, OK 7. DATE OF BIRTH (Month, Day, Year): December 24, 1907

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): 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): Heating Plant Supervisor 10b. KIND OF BUSINESS/INDUSTRY: Civil Service U.S. Airforce Base 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married 12. SPOUSE (If Married, Widowed, Divorced (Specify): Lottie M.

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN, OR LOCATION: Klamath Falls 13d. STREET AND NUMBER: 2650 Memorial Drive

13e. INSIDE CITY LIMITS? Yes No 13f. ZIP CODE: 97601 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify: 15. RACE: White 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12) College (1-4 or 5+) 6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

17. FATHER - NAME first middle last: George Al Wright 18. MOTHER - NAME first middle maiden: Mae - 19. INFORMANT - NAME and relationship to decedent: Lottie M. Wright, wife

20a. METHOD OF DISPOSITION Mausoleum Burial Cremation Removal from State Donation Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park 20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid 21b. LICENSE NUMBER (Of Licensee): 3329 22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601

23. DATE FILED (Month, Day, Year): JUL 24 1989 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

27. TIME OF DEATH: 10:45 P. 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): Jon G. McKellar M.D. 30. DATE SIGNED (Month, Day, Year): July 19, 1989

31. TIME OF DEATH: 32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

33. 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):

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McKellar, M.D., 2300 Clairmont Street, 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: Pneumonia Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

(c) Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: COPD/ Asthma

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 Manner Suicide Homicide Legal Intervention

41a. DATE OF INJURY (Month, Day, Year): 41b. TIME OF INJURY: 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

ORIGINAL - VITAL STATISTICS COPY

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45-2 REV. 1-88



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 Neibauer

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