

44765

CERTIFICATE OF VITAL RECORDS

OREGON STATE HEALTH DIVISION  
CENTER FOR HEALTH STATISTICSVol. m92 Page 10306

082557

1 D TAG NO.

503

Local File Number

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

136-

90-023309

State File Number

1 DECEDENT'S NAME First: Clayton Middle: Virgil Last: KARNS		2 SEX M	3 DATE OF DEATH (Month, Day, Year) December 1, 1990
4 SOCIAL SECURITY NUMBER 503-09-0803		5a AGE - Last Birthday (Years) 95	5b Under 1 Year Months: Days: Hours: Mins:
6 BIRTHPLACE (City and State or Foreign) Mound City, MO		7 DATE OF BIRTH (Month, Day, Year) June 22, 1895	
8a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify):			
9a FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		10b KIND OF BUSINESS/INDUSTRY Construction	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12 SPOUSE (If Married, Widowed) Dorothy	
13a RESIDENCE - STATE Oregon		13b STREET AND NUMBER 4848 Climax Avenue	
14 INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 RACE American Indian, Black, White, etc. (Specify) White	
16 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 8	
18 FATHER - NAME first middle last Sherman Richard Karns		19 MOTHER - NAME first middle last Tacy Cordelia Schooley	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22 NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
23 DATE FILED (Month, Day, Year) DEC 3 1990		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27 TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>[Signature]</i>			
30 DATE SIGNED (Month, Day, Year) December 3, 1990			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a TIME OF DEATH 0541 A.M.		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) December 1, 1990 0541 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) <i>[Signature]</i>			
33 DATE SIGNED (Month, Day, Year) December 3, 1990		34 COUNTY Klamath	
35 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, MB, 2300 Clairmont, Klamath Falls, Oregon 97601			
36 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Alden B. Glidden, MD			
37 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) Probable Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: b) DUE TO, OR AS A CONSEQUENCE OF: c) OTHER SIGNIFICANT CONDITIONS - PART II Contributor(s) contributing to death but not related to cause given in PART I: Generalized atherosclerosis			
38 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		39 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year) M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41b TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)		41g	
RESERVED FOR REGISTRAR'S USE 6132			

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.

DATE ISSUED

MAY 08 1992

EDWARD J. JOHNSON II,  
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day  
of May A.D., 19 92 at 10:48 o'clock A M., and duly recorded in Vol. M92  
of Deeds on Page 10306  
Evelyn Biehn County Clerk  
By [Signature]

FEE \$10.00

Return: MTC