CERTIFICATION OF VITAL RECORD

46307

OREGON STATE HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

F 1937
I.D. TAG NO. 474
Local File Number

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

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136- 90-021392
State File Number

1. DECEDENT'S NAME: First: Harry; Middle: A.; Last: ECK				2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): November 11, 1990	
4. SOCIAL SECURITY NUMBER: 700-16-0500	5a. AGE - Last Birthday (Years): 82	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Everett, Washington	7. DATE OF BIRTH (Month, Day, Year): April 24, 1908	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	9a. PLACE OF DEATH (Check only one): OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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.): Railroad Conductor	10b. KIND OF BUSINESS/INDUSTRY: Public Transportation	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Nina E. Eck			
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 4342 Summers Lane			
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	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): 6	College (1-4 or 5+):	
17. FATHER - NAME first middle last: Andrew - Eck	18. MOTHER - NAME first middle maiden: -			19. INFORMANT - NAME and relationship to deceased: Nina E. Eck Spouse		
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service			20c. LOCATION - City or Town, State: Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NUMBER (Of Licensee): 3287	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 9760				
23. DATE FILED (Month, Day, Year): NOV 13 1990	24. REGISTRAR'S SIGNATURE: [signature]					
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: 2:45 A 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] M.D.

30. DATE SIGNED (Month, Day, Year): November 13, 1990

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. Mc Kellar M.D. 2300 Clairmont Street, Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

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)

33. DATE SIGNED (Month, Day, Year)

COUNTY

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) Complications of Insulin Dependent
DUE TO, OR AS A CONSEQUENCE OF:
(b) Diabetes Mellitus
DUE TO, OR AS A CONSEQUENCE OF:
(c)

Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

Interval between onset and death

Interval between onset and death

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	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
RESERVED FOR REGISTRAR'S USE	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)	41c. DESCRIBE HOW INJURY OCCURRED		

[illegible] — VITAL STATISTICS COPY

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.

RETURN TO DICK FAIRCLO
280 MAIN ST.
KLAMATH FALLS, OR

DATE ISSUED JUN 15 1992

Edward J. Johnson II
EDWARD J. JOHNSON II,
COUNTY REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 17th day of June A.D., 19 92 at 10:49 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 13321.

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Anderson