CERTIFICATION OF VITAL RECORD

094004 I.D. TAG NO.

46601 Local File Number

272

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol M92 Page 13801
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH
State File Number

1. DECEDENT'S NAME First: Nile	Middle: Vernon	Last: TUCKER	2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 16, 1992			
4. SOCIAL SECURITY NUMBER: 540-20-1642	5a. AGE-Last Birthday (Years): 67	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Cottage Grove, OR.	7. DATE OF BIRTH (Month, Day, Year): November 20, 1924		
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): 4900 Summers Ln.	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.): Journeyman Lineman	10b. KIND OF BUSINESS/INDUSTRY: Electrical Utility	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Shirley M. Tucker
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 4900 Summers Ln.
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): 12; College (1-4 or 5+):			
17. FATHER - NAME first middle last: Norman David Tucker	18. MOTHER - NAME first middle maiden: Eva May Pickett	19. INFORMANT - NAME and relationship to deceased: Shirley Tucker - Spouse	
20a. METHOD OF DISPOSITION ☐Mausoleum ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify):	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael Ogi	21b. LICENSE NUMBER (Of Licensee): 47-3287	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, Oregon 97601	
23. DATE FILED (Month, Day, Year): JUN 23 1992	24. REGISTRAR'S SIGNATURE: Charla Robinson		
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: 1:00 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): R A Breitenstein
30. DATE SIGNED (Month, Day, Year): 6-22-92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein M.D. 2622 Campus Dr. Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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.

		Interval between onset and death
PART I (a)	ventricular fibrilation	10 min
(b) DUE TO, OR AS A CONSEQUENCE OF:	ischemic cardiomyopathy	5yrs
(c) DUE TO, OR AS A CONSEQUENCE OF:	coronary atherosclerosis	10yrs
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		

37. Did tobacco use contribute to the death? ☐Yes ☐Probably ☐No ☒Unknown
38. AUTOPSY ☐Yes ☒No
39. If YES were findings considered in determining cause of death? ☐Yes ☐No ☐N/A

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
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

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

DATE ISSUED JUN 23 1992

Donna A. Verling
DONNA A VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Shirley Tucker the 24th day of June A.D., 1992 at 11:50 o'clock AM., and duly recorded in Vol. M92 of Deeds on Page 13801.

Evelyn Biehn - County Clerk
By Darlene Nunnemaker

FEE $10.00
Return: Shirley Tucker
4900 Summers Ln, Klamath Falls, Or. 97603