CERTIFICATION OF VITAL RECORD

Vol. M92 Page 14322

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

094378 I.D. TAG NO.
16857 223 Local File Number
136- State File Number

1. DECEDENT'S NAME: First Jack; Middle Wallace; Last WRIGHT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 16, 1992
4. SOCIAL SECURITY NUMBER: 543-07-3131
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Gold Hill, OR
7. DATE OF BIRTH (Month, Day, Year): December 26, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] Emergency [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
8b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d. COUNTY OF DEATH: Klamath
9a. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9b. KIND OF BUSINESS/INDUSTRY: Lumber
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
11. SPOUSE (If Married, Widowed): Dea Jean Wright
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Tallyman /Supervisor
10c. CITY, TOWN OR LOCATION: Klamath Falls
12d. STREET AND NUMBER: 2635 Wiard Street
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes
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+)
19. INFORMANT - NAME and relationship to deceased: Dea Jean Wright Spouse
17. FATHER NAME: First John; Middle William; Last Wright
18. MOTHER - NAME: First Dora; Middle Irene; Maiden Brumble
20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Mausoleum [ ] 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 Allen
21b. LICENSE NUMBER (Of Licensee): 47-3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls,OR 97601
23. DATE FILED (Month, Day, Year): MAY 19 1992
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT/CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:35 PM
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Kenneth Magee M.D.
30. DATE SIGNED (Month, Day, Year): 5-18-92
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee M.D. 1900 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN if OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
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)
COUNTY
33. DATE SIGNED (Month, Day, Year)

CAUSE OF DEATH

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

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Congestive Hrt Failure — Interval between onset and death: 1yr
(b) DUE TO, OR AS A CONSEQUENCE OF: Advanced Valvular Hrt Disease — Interval between onset and death: 1yr
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: Pernicious Anemia

37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. Was Medical Examiner or Coroner contacted? [ ] Yes [ ] No
40. MANNER OF DEATH: [X] 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. LOCATION (Street and Number or Rural Route Number, City or Town, State)
41f. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

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.

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

DATE ISSUED: MAY 19 1992

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Wright on the 30th day of June A. D., 19 92 at 2:32 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 14322

Evelyn Biehn County Clerk
By Deputy

FEE $10.00
Return: Dea Jean Wright
2635 Wiard, Klamath Falls,Or.97603