CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit **Vol M92 Page 14738**

E-3166 ID TAG NO
252 Local File Number MNC# 27755

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First: Norman; Middle: –; Last: KING				2. SEX: M	3. DATE OF DEATH (Month, Day, Year): June 18, 1990
4. SOCIAL SECURITY NUMBER: 554-40-6395	5a. AGE - (Years): 58	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Minutes	6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA	7. DATE OF BIRTH (Month, Day, Year): June 21, 1931

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9. PLACE OF DEATH (Check only one): ☐ HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Dead on Arrival ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9a. FACILITY NAME (If not institution, give street and number): 7724 Lost River Road

9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9c. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Maintenance Repairman

10b. KIND OF BUSINESS/INDUSTRY: State of Oregon

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Joyce E.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 7724 Lost River Road

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 to 12): College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME: First: Herbert; Middle: –; Last: King

18. MOTHER - NAME: First: Dorothy; Middle: –; Maiden: Donnally

19. INFORMANT - NAME and relationship to deceased: Joyce E. King, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ 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, OR 97603

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]

21b. LICENSE NUMBER (If Licensee): 53-0124

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): JUN 19 1990

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

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2020 P 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): Thomas E. Klump M.D.

30. DATE SIGNED (Month, Day, Year): June 19, 1990

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): Thomas Klump, MD, 2600 Clover, Klamath Falls, Oregon 97601

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

CAUSE OF DEATH

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

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) ANAPLASTIC ASTROCYTOMA ④ FRONTAL BRAIN — Interval between onset and death: 11 MOS.
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
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:

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 ☐ 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

After recording please return to:
KLAMATH FIRST FEDERAL S&LA
2943 SOUTH SIXTH STREET
KLAMATH FALLS, OREGON 97603

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

DATE ISSUED AUG 23 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 7th day of July A.D., 19 92 at 11:36 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 14738.

Evelyn Biehn, County Clerk
By [signature]

FEE $10.00