

1. DECEASED'S NAME: Dell SMITH SR

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): May 18, 1989

4. SOCIAL SECURITY NUMBER: 543-34-0793

5a. AGE - Last Birthday (Years): 56

5b. Under 1 Year: Mo. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Klamath Agency, OR

7. DATE OF BIRTH (Month, Day, Year): July 14, 1932

8. PLACE OF DEATH (Check only one): OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9. WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

10. HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA

11. CITY, TOWN, OR LOCATION OF DEATH: Medford

12. COUNTY OF DEATH: Jackson

13. FACILITY NAME (if not institution, give street and number): Hearthstone Manor

14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Self-employed

15. KIND OF BUSINESS/INDUSTRY: Rancher

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

17. SPOUSE (If Married, Widowed): Velda M.

18. RESIDENCE - STATE: Oregon

19. COUNTY: Klamath

20. CITY, TOWN, OR LOCATION: Beatty

21. STREET AND NUMBER: Highway 140 East

22. INSIDE CITY LIMITS? ☐ Yes ☒ No

23. ZIP CODE: 97621

24. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

25. RACE American Indian, Black, White, etc. (Specify): American Indian

26. DECEASED'S EDUCATION (Specify only highest grade completed): 12

27. FATHER - NAME first middle last: Dell Smith

28. MOTHER - NAME first middle maiden: Lavina Lalo

29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Hillcrest Memorial Park

30. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State

31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ed L. Ramsey

32. LICENSE NUMBER (Of Licensee): 3497

33. NAME, ADDRESS AND ZIP OF FACILITY: Conger-Morris Medford Chapel  
715 W. Main St. - Medford, OR 97501

34. REGISTRAR'S SIGNATURE: Donna K. Collins

35. DATE FILED (Month, Day, Year): MAY 24 1989

36. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

37. TIME OF DEATH: 10:30 P. ☐ Yes ☒ No

38. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.

39. DATE SIGNED (Month, Day, Year): 5/23/89

40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Roger Hutchings, M.D. - 201 Mariposa Terrace - Medford, Oregon 97504

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

42. 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)

43. DUE TO, OR AS A CONSEQUENCE OF: Chemia

44. DUE TO, OR AS A CONSEQUENCE OF: Diabetic Glomerulosclerosis

45. DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mellitus

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

47. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

48. AUTOPSY: ☐ Yes ☒ No

49. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

50. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

51. DATE OF INJURY (Month, Day, Year):

52. TIME OF INJURY: M ☐ Yes ☒ No

53. INJURY AT WORK? ☐ Yes ☒ No

54. DESCRIBE HOW INJURY OCCURRED:

55. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):

56. LOCATION (Street and Number or Rural Route Number, City or Town, State):

STATE OF OREGON  
 ORIGINAL - VITAL STATISTICS COPY  
 This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.  
 DATE MAY 24 1989  
 NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY  
 VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: SS.  
 Filed for record at request of Neal G. Buchanan the 30th day of July A.D., 19 92 at 2:12 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 16926.  
 Evelyn Biehn County Clerk  
 By Donna K. Collins

FEE \$10.00  
 Return: Neal G. Buchanan  
 601 Main St. #215, Klamath Falls, Or. 97601