

# CERTIFICATION OF VITAL RECORD

48301

094360

I.D. TAG NO.

315

Local File Number

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

Volume 2 Page 16995

State File Number

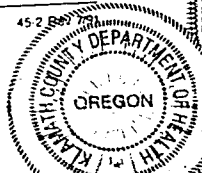
1 DECEDENT'S NAME First: Max Middle: Elliott Last: LEWIS		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) July 20, 1992
4 SOCIAL SECURITY NUMBER 532-07-9473	5a AGE Last Birthday (Years) 82	5b Under 1 Year Mos: Days: Hours: Mins:	6 BIRTHPLACE (City and State or Foreign Country) Basin, Wyoming
7 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8 DATE OF BIRTH (Month, Day, Year) April 27, 1910	
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> IDOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) 2909 Corvallis Street		9c CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter		10b KIND OF BUSINESS/INDUSTRY Construction	
11 MARITAL STATUS Married		12 SPOUSE (If Married, Widowed, Divorced, Specify) Hazel B. Lewis	
13a RESIDENCE - STATE Oregon	13b COUNTY Klamath	13c CITY, TOWN OR LOCATION Klamath Falls	13d STREET AND NUMBER 2909 Corvallis Street
14a INSIDE CITY UNITS?	14b ZIP CODE 97601	14c WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15 RACE American Indian, Black, White, etc. (Specify) White
16 MOTHER NAME first middle maiden William K. Lewis		17 FATHER NAME first middle maiden Alice B. Stevenson	
18 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		19 INFORMANT NAME and relationship to decedent Hazel B. Lewis Spouse	
20a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20b LOCATION City or Town, State Klamath Falls, Oregon	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs</i>		21b LICENSE NUMBER (Of Licensee) 52-0297	
22 NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601		23 REGISTRAR'S SIGNATURE <i>Charla Robinson</i>	
24 DATE FILED (Month, Day, Year) JUL 22 1992		25 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27 TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28 DATE MEDICAL EXAMINER NOTIFIED? M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>James N. Beggs</i>			
30 DATE SIGNED (Month, Day, Year) 7/21/92			
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James N. Beggs M.D.M.E. 2300 Clairmont Street Klamath Falls, Oregon 97601			
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33 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) Gunshot Wound To The Head, Self-Inflicted		Interval between onset and death Seconds	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(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		37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention		39 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
40a DATE OF INJURY (Month, Day, Year) 7-20-91		40b TIME OF INJURY 4:20 A.M.	
40c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d DESCRIBE HOW INJURY OCCURRED Self inflicted gun shot wound to the head	
40e PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At Home		40f LOCATION (Street and Number or Rural Route Number, City or Town, State) 2909 Corvallis ST. Klamath Falls, OR	

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JUL 29 1992

DATE ISSUED

*Donna C. Verling*  
DONNA C. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Hazel Lewis the 31st day of July A.D. 19 92 at 9:38 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 16995.

Evelyn Biehn, County Clerk  
By *Donna C. Verling*

FEE \$10.00  
Return: Hazel Lewis  
2909 Corvallis, Klamath Falls, Or. 97601