CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 17313
Vital Records Unit 136-
CERTIFICATE OF DEATH

103078 ID TAG NO
324 Local File Number
18476 State File Number

1 DECEDENT'S NAME: First: Winifred	Middle: Virginia	Last: HAWKINS	2 SEX: F	3 DATE OF DEATH (Month, Day, Year): July 26, 1992	
4 SOCIAL SECURITY NUMBER: 573/40/7829	5a AGE - Last Birthday (Years): 65	5b Under 1 Year: Mos / Days	5c Under 1 Day: Hours / Mins	6 BIRTHPLACE (City and State or Foreign Country): San Lucas, CA.	7 DATE OF BIRTH (Month, Day, Year): Dec. 28, 1926

DECEDENT

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): Merle West Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath

1 ____
2 ____
3 ____
4 ____
5 ____
6 ____

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner
10b KIND OF BUSINESS/INDUSTRY: Restaurant
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12 SPOUSE (If Married, Widowed): -
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 3406 Pelican
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97601
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+):

PARENTS

17 FATHER - NAME first middle last: Charles Allen Lamb
18 MOTHER - NAME first middle maiden: Thelma E. Eddington
19 INFORMANT - NAME and relationship to deceased: Jo Reynolds / Daughter

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c LOCATION - City or Town, State: Klamath Falls, Oregon

7 ____
8 ____
9 ____

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James L. Ward
21b LICENSE NUMBER (Of Licensee): 3409
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
23 DATE FILED (Month, Day, Year): JUL 29 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

92 AUG 1 PM 2 33

TO BE COMPLETED BY CERTIFYING PHYSICIAN

10 ____
11 ____

27 TIME OF DEATH: 0805 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): [signature]
30 DATE SIGNED (Month, Day, Year): 7-28-92

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)
COUNTY
33 DATE SIGNED (Month, Day, Year)

CERTIFIER

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Ore. / 97601

12 ____
13 ____
14 ____

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, eg. Cardiac or Respiratory Arrest
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cerebrovascular Accident (Stroke) — Interval between onset and death: Immediate
(b) DUE TO, OR AS A CONSEQUENCE OF: Cerebrovascular Disease — Interval between onset and death: 10 years
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Emphysema
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

15 ____
16 ____
17 ____

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

45-2 REV 3-90

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ORIGINAL - VITAL STATISTICS COPY

DATE ISSUED JUL 29 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 Joe Elaine Reynolds the 4th day of Aug. A.D., 19 92 at 2:33 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 17313.

Evelyn Biehn, County Clerk
By [signature]

FEE $10.00
Return: Joe Elaine Reynolds
P.O. Box 2151, Klamath Falls, Or. 97601