CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 19590
Vital Records Unit
CERTIFICATE OF DEATH

C-4754 I.D. TAG NO. 178 Local File Number 136- State File Number 19870

'92 AUG 20 A9:45

1. DECEDENT'S NAME: First: Roy	Middle: Milford	Last: MANLEY	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): April 6, 1989	
4. SOCIAL SECURITY NUMBER: 333-03-8778	5a. AGE - Last Birthday (Years): 74	5b. Under 1 Year: Mos. / Days.	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Barnard, MO.	7. DATE OF BIRTH (Month, Day, Year): October 5, 1914
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): Rt. 2, Box 323	9c. CITY, TOWN, OR LOCATION OF DEATH: Bonanza	9d. COUNTY OF DEATH: Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Messenger	10b. KIND OF BUSINESS/INDUSTRY: Banking	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Ethel		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Bonanza	13d. STREET AND NUMBER: Rt. 2, Box 323 (Teal Drive)		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97623	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: Roy M. Manley	18. MOTHER - NAME first middle maiden: Gladys Fern Goodwin	19. INFORMANT - NAME and relationship to deceased: Ethel E. Manley, wife		
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		
REGISTRAR	21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill E. Bell	21b. LICENSE NUMBER (Of Licensee): 3329	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		
	23. DATE FILED (Month, Day, Year): APR 10 1989	24. REGISTRAR'S SIGNATURE: Nancy Kennedy			
	25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:50 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): Kenneth L. Tuttle M.D.	
30. DATE SIGNED (Month, Day, Year): April 10, 1989	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth L. Tuttle, M.D., 2850 Daggett Road, 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: 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

CONDITIONS IF ANY WHICH GIVE 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, e.g. Cardiac or Respiratory Arrest.

PART I (a)	Metastatic gastric adenocarcinoma	Interval between onset and death: 2 month
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)		

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45-2 REV. 1-89

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

DATE ISSUED APR 11 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsnes the 28th day of Aug. A.D., 19 92 at 9:45 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 19590.

Evelyn Biehn, County Clerk
By Deputy

FEE $10.00
Return: Brandsness & Brandsness
411 Pine, Klamath Falls, Or. 97601