

50230

192 SEP 3 PM 3 34
MTC 1396-6050

Vol 92 Page 20262

CERTIFICATE OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CENTER FOR HEALTH STATISTICS
136121239
I.D. TAG NO.
380

Local File Number

State File Number

1. DECEDENT'S NAME First Middle Last Jack Peter ULAM		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 28, 1992
4. SOCIAL SECURITY NUMBER 542-14-6377		5a. AGE at Birth (Year) 75	5b. Under 1 Day Mcs. Days
6. BIRTHPLACE (City and State or Foreign Country) Canyonville, OR		7. DATE OF BIRTH (Month, Day, Year) January 27, 1917	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9a. PLACE OF DEATH (Check only one) ☐ HOSPITAL ☒ Inpatient ☐ Outpatient ☐ DCA ☐ 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			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Salesman		10b. KIND OF BUSINESS/INDUSTRY Real Estate	
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (if Married, Widowed, Divorced) Lola Weston Ulam	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 2336 Darrow Avenue			
13d. INSIDE CITY LIMITS? ☒ Yes ☐ No		13e. ZIP CODE 97601	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) College (14 or 16) 2			
17. FATHER - NAME first middle last Clay Thomas Ulam		18. MOTHER - NAME first middle maiden Ruby Anita Matthews	
19. INFORMANT - NAME and relationship to decedent Lola Ulam, wife			
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	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>		21b. LICENSE NUMBER (Of 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) SEP 01 1992		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 20:35 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) <i>Carol H. Hume</i>			
30. DATE SIGNED (Month, Day, Year) August 31, 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) R. Rand Hale, MD, 1000 Pine Street, Klamath Falls, Oregon 97601			
32. 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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I 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.)			
(a) <i>Bronchogenic Carcinoma (Lung)</i>		Interval between onset and death <i>1 month</i>	
(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? ☒ No ☐ Probably ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No	
39. If YES, were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A			
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY		41c. INJURY AT WORK? ☐ Yes ☒ No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

Return to: Lola E. Ulam
2336 Darrow, City 97601

DATE ISSUED SEP 01 1992

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 3rd day of Sept. A.D., 19 92 at 3:34 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 20262.

FEE \$10.00

Evelyn Biehn County Clerk
By *Pauline Mullender*