CERTIFICATION OF VITAL RECORD

121210 I.D. TAG NO.
237 Local File Number
50242

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. M92 Page 20282
CENTER FOR HEALTH STATISTICS 136- State File Number
CERTIFICATE OF DEATH

1. DECEDENT'S NAME: First Harold; Middle Joseph; Last RIPLEY
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 27, 1992
4. SOCIAL SECURITY NUMBER: 537-14-6537
5a. AGE-Last Birthday (Years): 68
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Carlborg, WA
7. DATE OF BIRTH (Month, Day, Year): September 2, 1923
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): HC 63 Box 564
9c. CITY, TOWN, OR LOCATION OF DEATH: Chiloquin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Hospital Administrator
10b. KIND OF BUSINESS/INDUSTRY: Veterans Administration
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Joanna E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Chiloquin
13d. STREET AND NUMBER: P.O. Box 958 (HC 63 Box 564)
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
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): 8; College (1-4 or 5+):
17. FATHER - NAME first middle last: Frank O. Ripley
18. MOTHER - NAME first middle maiden: Amber E. Smith
19. INFORMANT - NAME and relationship to deceased: Joanna E. Ripley, wife
20a. METHOD OF DISPOSITION: ☐ 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
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William L. Davenport
21b. LICENSE NUMBER (Of Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth St Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): MAY 28 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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 05:12 A 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)
30. DATE SIGNED (Month, Day, Year): May 28, 1992

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601
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

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) DUE TO, OR AS A CONSEQUENCE OF: Adenocarcinoma of colon metastatic to liver — Interval between onset and death: 14 months
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: None.
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ 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 ☐ 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.

APR 9 06
SEP 1 02

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

DATE ISSUED MAY 29 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joanna Ripley the 4th day of Sept. A.D., 19 92 at 9:06 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 20282.

Evelyn Biehn, County Clerk
By Deanne Mulkey

FEE $10.00

Return: Joanna Ripley
P.O. Box 958, Chiloquin, Or. 97624