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MTC 28309-HF

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

C 4668 I.D. TAG NO.
478 Local File Number
89-020984 State File Number

1. DECEDENT'S NAME: First Ray; Middle -; Last BILLINGS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 5, 1989
4. SOCIAL SECURITY NUMBER: 552-07-5798
5a. AGE - Last Birthday (Years): 86
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Turlock, California
7. DATE OF BIRTH (Month, Day, Year): March 24, 1903
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): Mt. View Care 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): Cement Finisher
10b. KIND OF BUSINESS/INDUSTRY: Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Kathryn
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2144 Greensprings Dr.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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+):
17. FATHER - NAME first middle last: Echora - Billings
18. MOTHER - NAME first middle maiden: Cordella -
19. INFORMANT - NAME and relationship to deceased: Roy Billings - Son
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: WARD'S / 1945 Main St. Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): NOV 6 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
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: 7:30 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)
30. DATE SIGNED (Month, Day, Year): 11/6/89

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): F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GIVE 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) Respiratory Failure — Interval between onset and death: 2 Wks
DUE TO, OR AS A CONSEQUENCE OF: (b) COPD — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death
PART II 37. 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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

Return to John Stroop
2204 GREENSPRINGS
KLAMATH FALLS, OR 97601

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.

SEP 10 1992
DATE ISSUED

Edward J. Johnson II
EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON · 1859

OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of September A.D., 19 92 at 11:43 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 20910.

Evelyn Biehn County Clerk
By Bernetha W. Kelsch

FEE $10.00