54788 '92 DEC 4 PM 2 23 Vol. M92 Page 28798

CERTIFICATION OF VITAL RECORD

F - 9168 I.D. TAG NO.

511 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME: First ROBERT | Middle EUGENE | Last BROWN JR.
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): NOVEMBER 22, 1992
4. SOCIAL SECURITY NUMBER: 543-14-8482
5a. AGE-Last Birthday (Years): 69
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): REX, OREGON
7. DATE OF BIRTH (Month, Day, Year): MARCH 18, 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): 4177 ADELAIDE STREET
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.): WRITER / PHOTOGRAPHER
10b. KIND OF BUSINESS/INDUSTRY: TRAINING FILMS & BOOKS
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): MARRIED
12. SPOUSE (If Married, Widowed): PHYLLIS
13a. RESIDENCE - STATE: OREGON
13b. COUNTY: KLAMATH
13c. CITY, TOWN OR LOCATION: KLAMATH FALLS
13d. STREET AND NUMBER: 4177 ADELAIDE STREET
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+): 4
17. FATHER - NAME first middle last: ROBERT EUGENE BROWN SR.
18. MOTHER - NAME first middle maiden: INICE - ELSTON
19. INFORMANT - NAME and relationship to deceased: PHYLLIS BROWN - SPOUSE
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): ETERNAL HILLS CREMATORY
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: ETERNAL HILLS FUNERAL HOME 4711 HWY 39/KLAMATH FALLS, OREGON
23. DATE FILED (Month, Day, Year): NOV 24 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: 11:30 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): Arthur Freeland MD
30. DATE SIGNED (Month, Day, Year): 11/23/92

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): ARTHUR FREELAND M.D./ 1905 MAIN STREET/ KLAMATH FALLS, OREGON 97601

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) Adenocarcinoma of the lung — Interval between onset and death: 8 mo
(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? ☒ 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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
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

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

DATE ISSUED: NOV 25 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-7 Rev 7/91

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of Dec. A.D., 19 92 at 2:23 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 28798.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00

Return: Phyllis Brown
4177 Adelaide, Klamath Falls, Or. 97603