

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

087285
I.D. TAG NO.
518

State File Number

Local File Number: **518**

1. DECEDENT'S NAME: **Daniel James FULLER**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **November 28, 1992**

4. SOCIAL SECURITY NUMBER: **541-14-0026**

5a. AGE Last Birthday (Years): **84**

5b. Under 1 Year: **0** Mos. **0** Days **0** Hours **0** Mins.

5c. Under 1 Day: **0** Hours **0** Mins.

6. BIRTHPLACE (City and State or Foreign Country): **Ava, MO**

7. DATE OF BIRTH (Month, Day, Year): **December 7, 1907**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

9a. PLACE OF DEATH (Check only one): HOSPITAL Inpatient ER/Outpatient DCA OTHER Nursing Home Decedent's Home Other (Specify)

9b. COUNTY OF DEATH: **Klamath**

9c. CITY, TOWN, OR LOCATION OF DEATH: **Gilchrist**

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **Home Builder**

10b. KIND OF BUSINESS/INDUSTRY: **Construction**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

12. SPOUSE (If Married, Widowed): **Creta Fuller**

13a. RESIDENCE - STATE: **Oregon**

13b. COUNTY: **Klamath**

13c. CITY, TOWN OR LOCATION: **Gilchrist**

13d. STREET AND NUMBER: **HC32 Box 147**

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 (9-12) College (1-4 or 5+)**

17. FATHER - NAME first middle last: **Harry T. Fuller**

18. MOTHER - NAME first middle maiden: **Minnie Sturgeon**

19. INFORMANT - NAME and relationship to decedent: **Daniel J. Fuller (son)**

20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Central Oregon Cremation Assoc. Bend, Oregon**

20a. METHOD OF DISPOSITION Burial Cremation Removal from State

20b. Donation Other (Specify)

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *[Signature]*

21b. LICENSE NUMBER (Of Licensee): **3381**

22. NAME, ADDRESS AND ZIP OF FACILITY: **Tabor's Desert Hills Mortuary
1441 NE Forbes Ave. Bend, Oregon 97701**

23. DATE FILED (Month, Day, Year): **DEC 04 1992**

24. REGISTRAR'S SIGNATURE: *[Signature]*

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: **3:20 A.**

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): *[Signature]*

30. DATE SIGNED (Month, Day, Year): **11-28-92**

31. TIME OF DEATH: **M**

31d. 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): *[Signature]*

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

COUNTY:

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Daniel E. Fohrman, MD. 1501 NE Medical Center Drive. Bend, Oregon 97701**

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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.

(a) **CA STOMACH**

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

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: **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 4-92

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

DATE ISSUED: **DEC 07 1992**

Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of **Tabor's Desert Hills Mortuary** the **14th** day of **Dec.** A.D., 19 **92** at **3:18** o'clock **PM.**, and duly recorded in Vol. **m92**, of **Deeds** on Page **29721**.

FEE \$10.00
Return: Tobor's Desert Hills Mortuary
1441 NE Forbes Ave., Bend, Or. 97701

Evelyn Biehn County Clerk
By *[Signature]*