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Vol. m92 Page 29721

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH087285
I.D. TAG NO.
518

State File Number

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 Mos. Days Hours Mins.
6. PLACE OF BIRTH (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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (If not institution, give street and number) HC32 Box 147		11. COUNTY OF DEATH Klamath	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Builder		13. KIND OF BUSINESS/INDUSTRY Construction	
14. RESIDENCE - STATE Oregon		15. COUNTY Klamath	
16. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. ZIP CODE 97737	
18. MOTHER - NAME first middle maiden Minnie Sturgeon		19. INFORMANT - NAME and relationship to deceased Daniel J. Fuller (son)	
20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Central Oregon Cremation Assoc. Bend, Oregon	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>		23. LICENSE NUMBER (Of Licensee) 3381	
24. DATE SIGNED (Month, Day, Year) DEC 04 1992		25. NAME, ADDRESS AND ZIP OF FACILITY Tabor's Desert Hills Mortuary 1441 NE Forbes Ave. Bend, Oregon 97701	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. DATE SIGNED (Month, Day, Year) DEC 04 1992	
28. TIME OF DEATH 3:20 A.		29. DATE PRONOUNCED DEAD (Month, Day, Year) M	
30. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and due to the causes and manner stated (Signature) <i>Daniel E. Fohrman</i>		31. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated (Signature) <i>Charles Robinson</i>	
32. DATE SIGNED (Month, Day, Year) 11-28-92		33. COUNTY Klamath	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year) M	
42. TIME OF INJURY M		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		45. DESCRIBE HOW INJURY OCCURRED	
46. LOCATION (Street and Number or Rural Route Number, City or Town, State)		47. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

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. 92 at 3:18 o'clock PM., and duly recorded in Vol. M92 of Deeds on Page 29721.

Evelyn Biehn County Clerk
By *Charles Robinson*

FEE \$10.00

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