

# CERTIFICATION OF VITAL RECORD

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I.D. TAG NO.

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Local File Number

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

State File Number

1. DECEDENT'S NAME First: Howard Middle: Drew Last: MAYES		2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 5, 1992
4. SOCIAL SECURITY NUMBER 573/24/8538		5. AGE Last Birthday (Years) 67	6. BIRTHPLACE (City and State or Foreign Country) Sheridan, AR.
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (if not institution, give street and number) 2446 Lindley Way		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Accountant		12. KIND OF BUSINESS/INDUSTRY US Government	
13. RESIDENCE - STATE Oregon		14. COUNTY Klamath	
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. ZIP CODE 97601	
17. FATHER - NAME first middle last Samuel - Hayes		18. MOTHER - NAME first middle maiden Edna - Grubs	
19. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		20. SPOUSE (if Married, Widowed) Lou Beckhardt / Friend	
21. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Cremation		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		24. LICENSE NUMBER (of Licensee) 3409	
25. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		26. DATE FILED (Month, Day, Year) DEC 09 1992	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		28. WAS GIFT MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
29. TO BE COMPLETED BY CERTIFYING PHYSICIAN 29a. TIME OF DEATH 0817		30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 30a. TIME OF DEATH M	
31. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) <i>[Signature]</i>	
33. DATE SIGNED (Month, Day, Year) December 7, 1992		34. DATE SIGNED (Month, Day, Year) COUNTY	
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon 97601			
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
37. 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) <i>Metastatic transitional cell carcinoma of bladder</i> (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: PART II (d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <i>[Signature]</i>			
38. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		39. DATE OF INJURY (Month, Day, Year) M	
40. TIME OF INJURY M		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED: JAN 07 1993

Charlene Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 13th day  
of Jan. A.D., 19 93 at 2:10 o'clock P.M., and duly recorded in Vol. M93  
of \_\_\_\_\_ Deeds on Page 972.

FEE \$10.00

Return: Lou Beckhardt  
2446 Lindley Way, Klamath Falls, Or. 97601

Evelyn Biehn  
By \_\_\_\_\_ County Clerk