

CERTIFICATION OF VITAL RECORDS

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

125949 I.D. TAG NO. 524 Local File Number

State File Number

DECEDENT'S NAME First: Howard Middle: Drew Last: MAYES

SEX M **DATE OF DEATH (Month, Day, Year)** December 7, 1992

BIRTHPLACE (City and State or Foreign Country) Sheridan, AR. **DATE OF BIRTH (Month, Day, Year)** April 30, 1925

SOCIAL SECURITY NUMBER 573/24/8538 **AGE Last Birthday (Years)** 67 **Under 1 Year** Mos. Days Hours Mins **Under 1 Day** Hours Mins

PLACE OF DEATH (Check only one) ☐ HOME ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No **HOSPITAL** ☐ Inpatient ☐ ER/Outpatient ☐ DOA

90. FACILITY NAME (if not institution, give street and number) 2446 Lindley Way **91. CITY, TOWN, OR LOCATION OF DEATH** Klamath Falls **92. COUNTY OF DEATH** Klamath

100. KIND OF BUSINESS/INDUSTRY US Government **11. MARITAL STATUS - Married** Never Married, Widowed, Divorced (Specify) **12. SPOUSE (if Married, Widowed)**

100. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Accountant **130. CITY, TOWN OR LOCATION** Klamath Falls **131. STREET AND NUMBER** 2446 Lindley Way

132. RESIDENCE - STATE Oregon **133. COUNTY** Klamath **134. INSIDE CITY LIMITS?** ☒ Yes ☐ No **135. ZIP CODE** 97601

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 (0-12) College (14 or 5+1) 4

17. FATHER - Name first middle last **18. MOTHER - Name** first middle maiden **19. INFORMANT - Name and relationship to deceased**

Samuel - Mayes **Edna - Grubs** **Lou Beckhardt / Friend**

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State **20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)** Memorial Hills **20c. LOCATION - City or Town, State** Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **21b. LICENSE NUMBER (of Licensee)** 3409 **22. NAME, ADDRESS AND ZIP OF FACILITY** Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601

23. DATE FILED (Month, Day, Year) DEC 09 1992 **24. REGISTRAR'S SIGNATURE** Charles 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 0817 **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) as stated. (Signature) **30. DATE SIGNED (Month, Day, Year)** December 1, 1992

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon 97601

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

33. 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) **24. 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)** Metastatic transitional cell carcinoma of bladder

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

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

PART II **OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.** None

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
Item 3, corrected by affidavit, 2/2/93, Edward J. Johnson II, State Registrar tlb

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

DATE ISSUED: FEB 09 1993

Charles Barcus
CHARLENE SAROUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lou Beckhardt the 9th day of Feb. 1993 at 3:41 o'clock P.M., and duly recorded in Vol. M93 on Page 2974 of Deeds

Evelyn Biehn County Clerk
By *Charles Barcus*

FEE \$10.00

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

(Re-recorded to correct date of death)