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CERTIFICATION OF VITAL RECORD

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

094356 I.D. TAG NO.
099 Local File Number
136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Pinkney; Middle: William; Last: BEASLY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 23, 1993
4. SOCIAL SECURITY NUMBER: 540-40-5854
5a. AGE-Last Birthday (Years): 70
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Merrill, Oregon
7. DATE OF BIRTH (Month, Day, Year): March 14, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [X] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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.): Farmer
10b. KIND OF BUSINESS/INDUSTRY: Agriculture / Sheep Ranching
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Maria Beasly
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2927 Patterson Street
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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+):

PARENTS

17. FATHER - NAME first middle last: Rufus Franklin Beasly
18. MOTHER - NAME first middle maiden: Myrtle Maizie Long
19. INFORMANT - NAME and relationship to deceased: Maria Beasly Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A Figg
21b. LICENSE NUMBER (Of Licensee): 52-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAR 01 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 6:46 P M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] 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): Glenn Gaills M.D.
30. DATE SIGNED (Month, Day, Year): 2/26/93

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): Glenn G. Gaills M.D. 1905 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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) M YOCARDIAL INFARCTION — Interval between onset and death: MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(b) HYPERTENSION — Interval between onset and death: 9 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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 [X] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
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

45-2 Rev 7/91

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DATE ISSUED: MAR 09 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Maria Beasly the 8th day of March A.D., 19 93 at 2:18 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 4818.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00
Return: Maria Beasly
2927 Patterson, Klamath Falls, Or. 97603