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CERTIFICATION OF VITAL RECORD

138354
I.D. TAG NO.

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

Local File Number

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Fred; Middle: Dale; Last: FEARRIEN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 28, 1993
4. SOCIAL SECURITY NUMBER: 570-13-4573
5a. AGE-Last Birthday (Years): 34
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Eureka, CA
7. DATE OF BIRTH (Month, Day, Year): August 6, 1958
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Trucking Company
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Dennette L.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Bonanza
13d. STREET AND NUMBER: 2571 5th Street (P.O. Box 231)
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97623
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ 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): 11; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Richard Dale Fearrien
18. MOTHER - NAME first middle maiden: Doris Ann Gallaway
19. INFORMANT - NAME and relationship to deceased: Dennette L. Fearrien, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION City or Town, State: Klamath Falls, OR 97601

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mel Friend
21b. LICENSE NUMBER (Of Licensee): 3129
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd 6420 S 6th St, Klamath Falls, OR 97603
23. DATE FILED (Month, Day, Year): MAR 08 1993
24. REGISTRAR'S SIGNATURE: Celia Colson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: M
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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 1?1 PM
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): February 28, 1993 20:30 PM
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) James N. Olson MD
33. DATE SIGNED (Month, Day, Year): 3-1-93
COUNTY: JACKSON
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Olson, M.D. M.E. 1505 NW Washington Blvd. Grants Pass, OR 97526
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) Blunt head Trauma, Closed type — Interval between onset and death: Approx 14 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Livestock handling accident — Interval between onset and death:
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 ☒ 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): 2-28-93
41b. TIME OF INJURY: APPROX 6:30 A.M.
41c. INJURY AT WORK? ☒ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED: Livestock handler - rammed by large Bull and Thrown 10-15 feet. Sustained severe blunt head injuries.
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Fairgrounds
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): Josephine County Fairgrounds, Grants Pass OR

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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 JACKSON COUNTY REGISTRAR.

DATE ISSUED MAR 08 1993

Henry Collins Jr

HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dennette Fearrien the 10th day of March A.D., 19 93 at 2:43 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 4991

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Mullenhole

Return: Dennette L. Fearrien
P.O. Box 231, Bonanza, Or. 97623