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# OREGON HEALTH DIVISION
## CENTER FOR HEALTH STATISTICS

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ATC 39740

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TYPE OR PRINT IN PERMANENT BLACK INK

C 4674
I.D. TAG NO.

527
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- 89-023322
State File Number

**DECEDENT**

1. DECEDENT'S NAME: First: Manuel; Middle: Angel; Last: REYES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 7, 1989
4. SOCIAL SECURITY NUMBER: 571-34-7362
5a. AGE - Last Birthday (Years): 58
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): East Los Angeles, CA
7. DATE OF BIRTH (Month, Day, Year): December 28, 1930
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient XX 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.): T.V. Repairman
10b. KIND OF BUSINESS/INDUSTRY: Self-Employed Television Repair
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: HC 63 Box 550
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ No ☒ Yes Specify: Mexican
15. RACE - American Indian, Black, White, etc. (Specify): Hispanic
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: Prajedes - Reyes
18. MOTHER - NAME first middle maiden: Maria - Cisneros
19. INFORMANT - NAME and relationship to deceased: Mary Reyes - Spouse

**DISPOSITION**

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

**REGISTRAR**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: WARD'S Funeral Home/ 1945 Main St. Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): DEC 14 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☐ No ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

VETERANS CLAIM USE ONLY

**CERTIFIER**

TO BE COMPLETED BY ATTENDING PHYSICIAN

27. TIME OF DEATH
28. WAS MEDICAL EXAMINER NOTIFIED?
29. To the best of my knowledge, death occurred at the time, date 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: 12:09 PM
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): Dec. 7, 1989 12:09 P.M.
32. On the basis of an examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Charles D Bury MD ME
33. DATE SIGNED (Month, Day, Year): December 11, 1989
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD - 2300 Clairmont - Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

**CAUSE OF DEATH**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
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
(a) Arteriosclerotic Heart Disease — Interval between onset and death: years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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 related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☐ No
39. Was YES were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
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: 6306

8/19/91

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED APR 22 1993

Edward J. Johnson II
EDWARD J. JOHNSON II.
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 27th day of April A.D., 19 93 at 2:51 o'clock P.M., and duly recorded in Vol. M93, of Deeds on Page 9032.

Evelyn Biehn · County Clerk
By Darlene Nielsen

FEE $10.00
Return: Aspen Title Co.