65516 08-02-93A09:32 RCVD Vol. M93 Page 18925

CERTIFICATION OF VITAL RECORD

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

Local File Number: 341 | State File Number: 136-

DECEDENT

1. DECEDENT'S NAME: First: Randolph | Middle: - | Last: HAMM
2. SEX: M
3. DATE OF DEATH: July 20, 1993
4. SOCIAL SECURITY NUMBER: 236 07 6579
5a. AGE Last Birthday (Years): 76
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Fistridge, VA.
7. DATE OF BIRTH (Month, Day, Year): Nov. 24, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA | OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 2408 White Avenue
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.): Set Up Man
10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed or Divorced — Give name before first marriage): Alyce
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2408 White Avenue
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 97601
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: William R. Hamm
18. MOTHER - NAME first middle maiden: Nona - Spicer

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Alyce Hamm / Wife
20a. METHOD OF DISPOSITION: [ ] Mausoleum [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc / 1945 Main / Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUL 22 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0710 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):
30. DATE SIGNED (Month, Day, Year): July 20 1993

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): Robert F. Bohnen, MD / 2610 Uhrmann / Klamath Falls, OR / 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) Transitional cell carcinoma of bladder with metastases — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: [illegible] years
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(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: Rheumatoid arthritis

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
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

ORIGINAL — VITAL STATISTICS COPY

45.2 Rev. 791

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

DATE ISSUED: JUL 27 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alyce Hamm the 2nd day of Aug. A.D., 19 93 at 9:32 o'clock AM., and duly recorded in Vol. M93 of Deeds on Page 18925.

Evelyn Biehn County Clerk

FEE $10.00 By

Return: Alyce Hamm,2408 White,Klamath Falls,Or.97601