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CERTIFICATION OF VITAL RECORD

094113 I.D. TAG NO.
334 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136- State File Number

DECEDENT

1. DECEDENT'S NAME: First Ronald; Middle Deen; Last PITTS
2. SEX: Male
3. DATE OF DEATH: July 15, 1993
4. SOCIAL SECURITY NUMBER: 559-56-2228
5a. AGE Last Birthday (Years): 51
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA
7. DATE OF BIRTH: October 29, 1941
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ]Yes [X]No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X]Inpatient [ ]ER/Outpatient [ ]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
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Freight Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Commercial Freight
11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Never Married
12. SPOUSE (If Married, Widowed or Divorced): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1908 North Eldorado Apt. 1
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: Ellis R. Pitts
18. MOTHER - NAME first middle maiden: Doris M. Fraker
19. INFORMANT - NAME and relationship to decedent: Jim Campbell Legal Rep.

DISPOSITION

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 A Riggs
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): JUL 16 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus.
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: 4:30 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): Terence A. Degan M.D.
30. DATE SIGNED (Month, Day, Year): 7-15-93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year): 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)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Terence A. Degan M.D. 905 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) cirrhosis of the liver — Interval between onset and death: 4 years
DUE TO, OR AS A CONSEQUENCE OF:
(b) alcoholism — Interval between onset and death: 4 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 [ ]No [ ]Unknown
38. AUTOPSY: [ ]Yes [X]No
39. [illegible]: [ ]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):

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED: JUL 19 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mervin Schuck the 12th day of August A.D., 19 93 at 11:26 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 20091.

Evelyn Biehn - County Clerk

FEE $10.00 RETURN: Mervin Schuck
1908 N. Eldorado #1
Klamath Falls, Or 97601

By Darlene Rubesaske