66227 08-13-93A11:32 RCVD Vol m93 Page 20250

CERTIFICATION OF VITAL RECORD

094114 I.D. TAG NO. 333 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION MTC 30537-KR
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH State File Number

DECEDENT

1. DECEDENT'S NAME: First Louis; Middle Leroy; Last MC FADDEN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): July 15, 1993
4. SOCIAL SECURITY NUMBER: 487-09-1738
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): Rockport, MO
7. DATE OF BIRTH (Month, Day, Year): May 7, 1917
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): 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.): Investor
10b. KIND OF BUSINESS/INDUSTRY: Real Estate
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5823 Sherwood Drive
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97603
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): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: James H. Mc Fadden
18. MOTHER - NAME first middle maiden: Minnie Blakely
19. INFORMANT - NAME and relationship to deceased: David Mc Fadden Son

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): 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 O 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 ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 6:30 A 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) M.D.
30. DATE SIGNED (Month, Day, Year): 7/15/93
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. Mc Kellar M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year)
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)

CAUSE OF DEATH

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
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) Acute Myelocytic Leukemia — Interval between onset and death
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 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 autopsy findings considered in determining cause of death? ☐ Yes ☐ No

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

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, Zip)

RESERVED FOR REGISTRAR'S USE

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DATE ISSUED: JUL 16 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 13th day of Aug. A.D., 19 93 at 11:32 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 20250.

FEE $10.00

Evelyn Biehn County Clerk
By

Return: Don McFadden, 19106 Birdsong West, SanAntonio, Tx. 78297