

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS121287
ID. TAG NO.
024OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

93-001766

1. DECEDENT'S NAME First Middle Last William Raymond DRAKE			2. SEX M	3. DATE OF DEATH (Month, Day, Year) January 18, 1993
4. SOCIAL SECURITY NUMBER 563-18-2709	5a. AGE Last Birthday (Years) 85	5b. Under 1 Year Mo. Days Hours Mins Mo. Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) SD	7. DATE OF BIRTH (Month, Day, Year) January 18, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life Do not use retired) Greenechainman			10b. KIND OF BUSINESS/INDUSTRY Weyco Lumber Manufacturing	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed			12. SPOUSE (If Married, Widowed) Lilly	
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls			13d. STREET AND NUMBER 2425 White Avenue	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+)			17. FATHER - NAME first middle last John F. Drake	
18. MOTHER - NAME first middle maiden Olive Ophelia Fuller			19. INFORMANT - NAME and relationship to decedent Cheryl E. Smith, daughter	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Klamath Memorial Park			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Davenport			21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St.			23. DATE FILED (Month, Day, Year) JAN 21 1993	
24. REGISTRAR'S SIGNATURE Charles Robinson			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 20:45 P M				
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. On the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]				
30. DATE SIGNED (Month, Day, Year) January 19, 1993				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
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.				
PART I (a) DUE TO, OR AS A CONSEQUENCE OF, Pneumonia				
(b) DUE TO, OR AS A CONSEQUENCE OF, 				
(c) DUE TO, OR AS A CONSEQUENCE OF, 				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal <input type="checkbox"/> Homicide <input type="checkbox"/> Intervention				
35. DATE OF INJURY (Month, Day, Year) 				
36. TIME OF INJURY 				
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) 				
39. LOCATION (Street and Number or Rural Route Number, City or Town, State) 				
40. DESCRIBE HOW INJURY OCCURRED 				
41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
43. If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				

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.

AUG 11 1993

DATE ISSUED

Edward J. Johnson II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co the 24th day
of Aug. A.D., 19 93 at 3:53 o'clock P.M., and duly recorded in Vol. M93,
of Deeds on Page 21278

FEE \$10.00

Return: Aspen Title Co

Evelyn Biehn - County Clerk

By Douglas Henderson