

## CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

State File Number

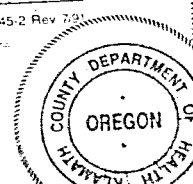
1. DECEASED'S NAME First: Willis Middle: Jones Last: CLEAVER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 12, 1993
4. SOCIAL SECURITY NUMBER 556-20-9407	5a. AGE-Last Birthday (Years) 71	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Sacramento, California		7. DATE OF BIRTH (Month, Day, Year) August 14, 1922	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER-Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):			
8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9b. FACILITY NAME (If not institution, give street and number) 2839 Crest		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Maintenance		10b. KIND OF BUSINESS/INDUSTRY Electric Company	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) May Cleaver	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2839 Crest	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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 Specify:		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 16+) 12		17. INFORMANT - NAME and relationship to decedent May Cleaver - Spouse	
17. FATHER - NAME first middle last Daniel O. cleaver		18. MOTHER - NAME first middle maiden Julia - Jones	
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):		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Barcus</i>		21b. LICENSE NUMBER (Of Licensee) 93-49-1363	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39, Klamath Falls, OR. 97603		24. REGISTRAR'S SIGNATURE <i>Charles Barcus</i>	
23. DATE FILED (Month, Day, Year) SEP 13 1993		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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 2:20 A. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. DATE PRONOUNCED DEAD (Month, Day, Year) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Saul Silverman</i> M.D.		30. DATE SIGNED (Month, Day, Year) 4/13/93	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Saul Silverman M.D. 2610 Uthman Road Klamath Falls, Oregon 97601		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) <i>Charles Barcus</i>	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		34. DATE SIGNED (Month, Day, Year)	
35. 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 <i>Brown mite</i>		Interval between onset and death <i>2 months</i>	
(b) DUE TO, OR AS A CONSEQUENCE OF <i>lung cancer</i>		Interval between onset and death <i>4 mos</i>	
(c) DUE TO, OR AS A CONSEQUENCE OF <i>Stroke</i>		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES, were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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DATE ISSUED: SEP 14 1993

Charles Barcus  
CHARLES BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of May Cleaver the 16th day of Sept. A.D., 19 93 at 11:46 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 23897

Evelyn Biehn County Clerk  
By *Charles Barcus*

FEE \$10.00

Return: May Cleaver, 2839 Crest, Klamath Falls, Or. 97603