

## CERTIFICATION OF VITAL RECORD

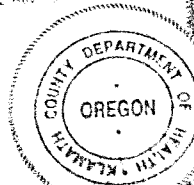
## CERTIFICATE OF DEATH

State File Number

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. DECEASED'S First Name<br><b>George</b>   |  | Middle Name<br><b>Henry</b>  |  | Last Name<br><b>BAKER</b>  |  | 2. SEX<br><b>Male</b>   | 3. DATE OF DEATH (Month, Day, Year)<br><b>September 10, 1993</b> |
| 4. SOCIAL SECURITY NUMBER<br><b>500-14-0084</b>   |  | 5a. AGE-Last Birthday (Years)<br><b>67</b>   |  | 5b. Under 1 Year<br>Mos. Days Hours Mins.  |  | 6. BIRTHPLACE (City and State or Foreign Country)<br><b>Kansas City, Kansas</b>   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA   |  | 9a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |  | 7. DATE OF BIRTH (Month, Day, Year)<br><b>November 23, 1925</b>   |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br><b>1604 Dayton</b>  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><b>Metal Bellows</b>   |  | 11. MARITAL STATUS<br><b>Married</b>   |  | 12. SPOUSE (If Married, Widow, Divorced (Specify)<br><b>Patsy Baker</b>   |  |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Machinist</b>   |  | 13a. RESIDENCE - STATE<br><b>Oregon</b>  |  | 13b. COUNTY<br><b>Klamath</b>  |  | 13c. CITY, TOWN OR LOCATION<br><b>Klamath Falls</b>   |  |
| 13d. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 13e. ZIP CODE<br><b>97603</b>  |  | 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)<br><b>White</b>  |  |
| 17. FATHER - Name first middle last<br><b>Baker</b>   |  | 18. MOTHER - Name first middle maiden<br><b>Olivia M. Wally</b>  |  | 19. INFORMANT NAME and relationship to decedent<br><b>Patsy Baker - Spouse</b>   |  | 20c. LOCATION (City or Town, State)<br><b>Klamath Falls</b>   |  |
| 20a. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" 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)<br><b>Eternal Hills Crematory</b>  |  | 21. NAME, ADDRESS AND ZIP OF FACILITY<br><b>Eternal Hills Funeral Home<br/>4711 Highway 39, Klamath Falls, Oregon 97603</b>  |  | 22. REGISTRAR'S SIGNATURE<br><b>Charlene Barnes</b>   |  |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>[Signature]</i>   |  | 21b. LICENSE NUMBER (Of Licensee)<br><b>93-49-1363</b>   |  | 23. DATE FILED (Month, Day, Year)<br><b>SEP 13 1993</b>  |  | 24. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |  |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   |  | 26. TIME OF DEATH<br><b>7:45 P.M.</b>  |  | 27. WAS MEDICAL EXAMINER NOTIFIED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | 28. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the causes stated and manner stated.<br>(Signature)<br><b>[Signature]</b> |  |
| 29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated.<br>(Signature)<br><b>[Signature]</b>  |  | 30. DATE SIGNED (Month, Day, Year)<br><b>9/10/93</b>   |  | 31. DATE SIGNED (Month, Day, Year)<br><b>9/10/93</b>   |  | 32. DATE SIGNED (Month, Day, Year)<br><b>9/10/93</b>  |  |
| 33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)<br><b>John J. Kleeman M.D. 1905 Main Street, Klamath Falls, Oregon 97601</b>  |  | 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 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.)<br><b>Causing</b>   |  | 36. INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hr</b>   |  |
| 37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.  |  | 38. Did tobacco use contribute to the death?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |  | 39. AUTOPSY<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 40. Interval between onset and death<br><b>1 hr</b>   |  |
| 40. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <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<br>M <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 41c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)  |  | 41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)   |  | 41f. DESCRIBE HOW INJURY OCCURRED  |  | 41g. DESCRIBE HOW INJURY OCCURRED   |  |

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: **SEP 13 1993**Charlene Barnes  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Patsy Baker** the **16th** day of **Sept.** A.D., 19 **93** at **11:48** o'clock **A.M.** and duly recorded in Vol. **M93** of **Deeds** on Page **23899**By **Evelyn Biehn** County Clerk

FEE \$10.00

Return: Patsy Baker, 1604 Dayton, Klamath Falls, 97603