68343

09-17-93P03:08 RCVD

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CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number

File Number

DECEDENT'S NAME: First: James; Middle: Richard; Last: MARKS

2. SEX: Male

3 DATE OF DEATH (Month, Day, Year): September 12, 1993

4. SOCIAL SECURITY NUMBER: 447-03-9811

5a. AGE Last Birthday (Years): 79

5b. Under 1 Year: Mos / Days

5c. Under 1 Day: Hours / Mins.

6. BIRTHPLACE (City and State or Foreign Country): Springfield,MO

7. DATE OF BIRTH (Month, Day, Year): April 21, 1914

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No

9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [X] 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): Restaurant Owner

10b. KIND OF BUSINESS/INDUSTRY: Restaurant

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widow(er)): Madge L. Marks

13a. RESIDENCE - STATE: OR

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 513 No. Eldorado Ave.

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.) [ ] 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): 2; College (1-4 or 5+):

17. FATHER - NAME first middle last: James Abner Marks

18. MOTHER - NAME first middle maiden: Margaret Elizabeth Dulin

19. INFORMANT - NAME and relationship to deceased: Deanie Marks Spouse

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, OR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael [illegible]

21b. LICENSE NUMBER (Of Licensee): 47 3287

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): SEP 15 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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:41P. 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) William B Baker M.D.

30. DATE SIGNED (Month, Day, Year): September 13, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

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)

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): William B. Baker M.D. 2600 Campus Dr., Klamath Falls, OR 97601

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

CAUSE OF DEATH

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) Coronary heart disease (likely) — 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:

PART II (c) 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 [X] Unknown

38. AUTOPSY [ ] Yes [X] No

39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

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, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: SEP 15 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH · KLAMATH · OREGON

1200

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of September A.D., 19 93 at 3:08 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 24137.

Evelyn Biehn County Clerk

By Charlene Barcus

FEE $10.00