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STATE OF OREGON — CERTIFICATE OF DEATH — State File Number

File Number

DECEDENT'S NAME: First: William Middle: Robert Last: GLIDEWELL

2. SEX: Male

3. DATE OF DEATH (Month, Day, Year): September 14, 1993

4. SOCIAL SECURITY NUMBER: 559-32-0292

5a. AGE-Last Birthday (Years): 64

5b. Under 1 Year: Mos. Days

5c. Under 1 Day: Hours Mins.

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

7. DATE OF BIRTH (Month, Day, Year): April 10, 1929

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.): Manager

10b. KIND OF BUSINESS/INDUSTRY: Retail Food

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

12. SPOUSE (If Married, Widowed, Divorced): Barbara Glidewell

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 5461 Gatewood 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): 12; College (1-4 or 5+):

17. FATHER - NAME first middle last: Charles T. Glidewell

18. MOTHER - NAME first middle maiden: Virge O. Wilson

19. INFORMANT - NAME and relationship to deceased: Barbara Glidewell - Spouse

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dedd Olivia

21b. LICENSE NUMBER (Of Licensee): 93-49-1363

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Highway 39, Klamath Falls, Oregon 97603

23. DATE FILED (Month, Day, Year): SEP 2 8 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

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:52 ☐ A.M. ☐ P.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)

30. DATE SIGNED (Month, Day, Year): M.D.

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

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) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William C. Hysum M.D. 473 Murphy Road, Medford, Oregon 97504

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

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) C V D — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Peripheral Vascular Disease — 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 findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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 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

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev. 7/91

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DATE ISSUED: SEP 2 8 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH SERVICES OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barbara Glidewell the 30th day of Sept. A.D., 19 93 at 9:02 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 25260.

FEE $10.00

Evelyn Biehn County Clerk
By Pauline Mullendore

Return: Barbara Glidewell, 5461 Gatewood, Klamath Falls, Or. 97603