71618

11-22-93A10:43 RCVD

Vol. M93 Page 30838

CERTIFICATION OF VITAL RECORD

MAIC 31375-KR

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

D-5560 I.D. TAG NO.

343 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138- 89-015075 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Lester; Middle: Ray; Last: LOSEE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 5, 1989
4. SOCIAL SECURITY NUMBER: 538-05-8229
5a. AGE - Last Birthday (Years): 76
5b. Under 1 Year: Mos.: Days:
5c. Under 1 Day: Hours: Min.:
6. BIRTHPLACE (City and State or Foreign Country): Omaha, Nebraska
7. DATE OF BIRTH (Month, Day, Year): February 26,1913
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.): Machinist
10b. KIND OF BUSINESS/INDUSTRY: Lytton Industries
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed or Divorced): Ethel M.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5453 Brentwood 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): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME First middle last: Ezra - Losee
18. MOTHER - NAME first middle maiden: Myrtle - Highhouse
19. INFORMANT - NAME and relationship to deceased: Ethel Losee, wife

DISPOSITION

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 Crematory
20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21c. LICENSE NUMBER (Or Licensure): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): AUG 7 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0230 AM
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): August 7, 1989
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Barbara O. Gilbertson, D.O., 1905 Main Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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)

CAUSE OF DEATH

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

PART I
(a) Peripheral Vascular dz of bowel — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Generalized Atherosclerosis — 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 related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unknown
38. AUTOPSY? ☐ Yes ☒ No
39. Was decedent pregnant within past year? ☐ Yes ☐ No ☐ Unknown if pregnant within past year

ACCIDENT

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:
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

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.

DATE ISSUED NOV 17 1993

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 22nd day of November A.D., 19 93 at 10:43 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 30838

FEE $10.00

Evelyn Biehn County Clerk
By Annette Decker