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CERTIFICATION OF VITAL RECORD

PERMANENT BLACK INK

G - 7604
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number

136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Alfred; Middle: B.; Last: CASTEL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 9, 1993
4. SOCIAL SECURITY NUMBER: 560-26-6115
5a. AGE-Last Birthday (Years): 71
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): October 25, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Medford
9d. COUNTY OF DEATH: Jackson
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner / Operator
10b. KIND OF BUSINESS/INDUSTRY: Service Station
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Clara
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1229 Hilton Drive
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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+):

PARENTS

17. FATHER - NAME first middle last: A. B. Castel
18. MOTHER - NAME first middle maiden: Mildred R. Savage

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Clara Castel - Wife
20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Mausoleum [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ruby L Baily
21b. LICENSE NUMBER (Of Licensee): 3021
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Chapel, 4711 Highway 39, Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): NOV 12 1993
24. REGISTRAR'S SIGNATURE: Celia Coleman
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [X] YES [ ] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:15 A.M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): Jeffrey Louie
30. DATE SIGNED (Month, Day, Year): 11/10/93

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): Jeffrey A. Louie, M.D., 2900 State Street, Medford, Oregon 97504
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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) Intracranial Hemorrhage — Interval between onset and death: 15 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Amyloid Angiopathy — 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 [X] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. 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 [X] 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 11-92

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

DATE ISSUED: NOV 12 1993

Henry Collins Jr.
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of November A.D., 19 93 at 2:39 o'clock ____ M., and duly recorded in Vol. M93 of Deeds on Page 31053 the 23rd day.

FEE $10.00

Evelyn Biehn County Clerk
By Bonnette Mueller