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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

C 4774 I.D. TAG NO.

352 Local File Number

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

138- 90-016108 State File Number

DECEDENT

1 DECEDENT'S NAME: First: Pearl; Middle: A.; Last: FRIEND
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): August 18, 1990
4 SOCIAL SECURITY NUMBER: 529-03-9420
5a AGE - Last Birthday (Years): 74
5b Under 1 Year: Mos / Days
5c Under 1 Day: Hours / Mins
6 BIRTHPLACE (City and State or Foreign Country): Salt Lake City, UT
7 DATE OF BIRTH (Month, Day, Year): December 16, 1915
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes X No
8a PLACE OF DEATH (Check only one): HOSPITAL: Inpatient / ER/Outpatient / DOA; OTHER: X Nursing Home / Decedent's Home / Other (Specify)
9a FACILITY NAME (If not institution, give street and number): Clairmont Nursing Center
9b CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work you were doing most of working life. Do not use retired): Telephone Operator
10b KIND OF BUSINESS/INDUSTRY: A.T. & T. P.B.X. Telephone Communications
11 MARITAL STATUS: Married / Never Married / Widowed / Divorced (Specify): Married
12 SPOUSE (If Married, Widowed, Divorced): Lowell A. Friend
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 3950 Rio Vista Way
13e INSIDE CITY LIMITS? Yes XX 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: Edwin - Howes
18 MOTHER - NAME first middle maiden: Lavinia - Gregory

19 INFORMANT - NAME and relationship to deceased: Lowell A. Friend Husband

DISPOSITION

20a METHOD OF DISPOSITION: 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, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merriel Reid
21b LICENSE NUMBER (Of Licensee): 3329
22 NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine Street, Klamath Falls, OR 97601
23 DATE FILED (Month, Day, Year): AUG 2 1 1990
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES / XX NO / N/A
26 WAS GIFT MADE? YES / XX NO / N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 12:15 P
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) D.O.
30 DATE SIGNED (Month, Day, Year): April 20, 1990

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

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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE 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) Progressive Bradycardia & hypotension DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 10 days
(b) Cerebral bleed DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:
(c) Interval between onset and death:
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Chronic alcoholism
37 Did tobacco use contribute to the death? Yes / No / Probably
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 / Pending Investigation / Accident / Undetermined Manner / Suicide / Homicide / 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

45-2 REV. 1-89

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 01 1993

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 23rd day of November A.D., 19 93 at 3:59 o'clock M., and duly recorded in Vol. M93, of Deeds on Page 31126.

FEE $10.00

Evelyn Biehn County Clerk
By Annette Rizzuto