CERTIFICATION OF VITAL RECORD

73032

Vol M93 Page 33819

TYPE OR PRINT IN PERMANENT BLACK INK

G-4127

I.D. TAG NO. 553

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

12-20-93A10:32 RCVD

DECEDENT

1. DECEDENT'S NAME — First: Laurice; Middle: Henry; Last: JOHNSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Nov. 22, 1993
4. SOCIAL SECURITY NUMBER: 477 16 5727
5a. AGE (Last Birthday) (Years): 68
5b. Under 1 Year — Mos. / Days
5c. Under 1 Day — Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Marion ND.
7. DATE OF BIRTH (Month, Day, Year): May 3, 1925
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): 1421 Lookout
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): Electrician
10b. KIND OF BUSINESS/INDUSTRY: Construction
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed or Divorced): Leila Belle
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1421 Lookout
13e. INSIDE CITY LIMITS? ☒ 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
15. RACE - American Indian, Asian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): ; College (1-4 or 5+): 3

PARENTS

17. FATHER - NAME: first, middle, last: Henry L. Johnson
18. MOTHER - NAME: first, middle, maiden: Charlotte E. Beuhl
19. INFORMANT - NAME and relationship to deceased: Leila Johnson / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify); ☐ Mausoleum
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: James L. Ward
21b. LICENSE NUMBER (Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. 97601
23. DATE FILED (Month, Day, Year): NOV 24 1993
24. REGISTRAR'S SIGNATURE: Evelyn Lemman
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: 12:55 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): November 24 1993
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert E. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon 97601,
32. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type or Print)

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

CAUSE OF DEATH

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

34. 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) Heart attack — Interval between onset and death: 4 days
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(d) — PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I: None
35. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. AUTOPSY ☐ Yes ☒ No
37. If YES was 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

45-2 Rev.

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED: DEC 10 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Parks & Ratliff the 20th day of Dec. A.D., 19 93 at 10:32 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 33819

Evelyn Biehn County Clerk
By Pauline Millenbruch

FEE $10.00

Return: Parks & Ratliff, 228 N. 7th
Klamath Falls, Or. 97601