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

State File Number: 623

1. NAME OF DECEDENT: Arnold Odell FORRESTER
2. SEX: Male
3. DATE OF DEATH: December 21, 1993
4. SOCIAL SECURITY NUMBER: 431-22-3319
5. AGE: 78
6. DATE OF BIRTH: June 1, 1915
7. BIRTHPLACE: Maryville, Missouri
8. PLACE OF DEATH: Pine Ridge Care Center
9. FACILITY NAME: Klamath Falls
10. COUNTY OF DEATH: Klamath
11. USUAL OCCUPATION: Timber Feller
12. KIND OF BUSINESS: Timber
13. MARITAL STATUS: Married
14. SURVIVING SPOUSE: Marie Forrester
15. RESIDENCE STATE: Oregon
16. RESIDENCE COUNTY: Klamath
17. RESIDENCE CITY: Klamath Falls
18. STREET ADDRESS: 1841 Hope Street
19. ZIP CODE: 97603
20. WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
21. RACE: White
22. DECEDENT'S EDUCATION: 8
23. FATHER'S NAME: Virgil Forrester
24. MOTHER'S NAME: Abagie Leonard
25. INFORMANT'S NAME AND MAILING ADDRESS: Marie Forrester - SPouse
26. METHOD OF DISPOSITION: Burial
27. PLACE OF DISPOSITION: Eternal Hills Memorial Gardens
28. LOCATION: Klamath Falls, Oregon
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Lockett Abbott
30. LICENSE NUMBER: 93-49-1363
31. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Highway 39, Klamath Falls, Oregon 97603
32. DATE FILED: DEC 27 1993
33. SIGNATURE OF REGISTRAR: Evelyn Simonsen
34. DID NO VITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
35. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

36. TIME OF DEATH: 12:45 A.M.
37. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Steven K. Biddleman M.D.
39. DATE SIGNED: 12-22-93
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Steven K. Biddleman 2680 Uhrmann Road Klamath Falls, Oregon 97601
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

41a. TIME OF DEATH:
41b. DATE PRONOUNCED DEAD:
42. 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)
43. DATE SIGNED:

42. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST:
PART I (a) Cerebral Infarction
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)
Interval between onset and death: 2 days
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Interval between onset and death:

43. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
44. DATE OF INJURY (Month, Day, Year):
45. TIME OF INJURY:
46. INJURY AT WORK? ☐ Yes ☐ No
47. DESCRIBE HOW INJURY OCCURRED:
48. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant but within 1 year of death ☐ Unknown if pregnant within the past year
49. AUTOPSY: ☐ Yes ☒ No
50. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
51. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
52. 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

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

DATE ISSUED: DEC 27 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH OREGON

12-27-93P01:26 RCVD

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marie Forrester
of Dec. A.D., 19 93 at 3:26 o'clock P M., and duly recorded in Vol. M93 the 27th day
of Deeds on Page 34730.

FEE $10.00
Return: Marie Forrester, 1841 Hope, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By Pauline Mullendore