CERTIFICATION OF VITAL RECORDS

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12-28-93A09:19 RCVD

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

G-3784 I.D. TAG NO. 6/0 Local File Number 139 State File Number

1. DECEDENT'S NAME: First Vallie; Middle Lee; Last ATKINSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 14, 1993
4. SOCIAL SECURITY NUMBER: 396-34-4364
5a. AGE-Last Birthday (Years): 56
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Medford, Wisconsin
7. DATE OF BIRTH (Month, Day, Year): October 16, 1937
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): Corner of Sherry And Bernard
9c. CITY, TOWN, OR LOCATION OF DEATH: Beaver Marsh
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): clipper Operator
10b. KIND OF BUSINESS/INDUSTRY: Lumber Milling
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Velma
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Beaver Marsh
13d. STREET AND NUMBER: Corner Of Sherry And Bernard
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97731
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): 12; College (1-4 or 5+):
17. FATHER - NAME first middle last: Vallie Lee Atkinson
18. MOTHER - NAME first middle maiden: Louise Trudeau
19. INFORMANT - NAME and relationship to deceased: Velma Atkinson Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Assoc.
20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thomas C. Niswonger
21b. LICENSE NUMBER (Of Licensee): 3110
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds Funeral Home 105 NW Irving Bend, Oregon 97701
23. DATE FILED (Month, Day, Year): DEC 21 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ NA
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:00 PM
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): Diane Pate MD
30. DATE SIGNED (Month, Day, Year): 12/15/93
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print): PO Box 158 LaPine, OR 97739
32. 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

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

PART I
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest. — Interval between onset and death:
(a)
DUE TO, OR AS A CONSEQUENCE OF:
(b) metastatic hepato cellular carcinoma — Interval between onset and death: 3m
DUE TO, OR AS A CONSEQUENCE OF:
(c) Rheumatoid arthritis — Interval between onset and death: many yrs

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: rheumatoid arthritis

34. Did tobacco use contribute to his death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
35. AUTOPSY ☐ Yes ☒ No
36. If yes, was autopsy used in determining cause of death? ☐ Yes ☐ No ☐ N/A

37. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
38a. DATE OF INJURY (Month, Day, Year)
38b. TIME OF INJURY
38c. INJURY AT WORK? ☐ Yes ☐ No
38d. DESCRIBE HOW INJURY OCCURRED
38e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)
38f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

DEC 21 1993
DATE ISSUED

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON, County of Klamath, ss.

Filed for record at request of: Niswonger-Reynolds

on this 28th day of Dec. A.D., 19 93
at 9:19 o'clock A M. and duly recorded
in Vol: M93 of Deeds Page 34746.

Evelyn Biehn County Clerk
By Pauline Mullendore Deputy.

Fee, $10.00

Please return to:
Niswonger-Reynolds, Inc
P.O. Box 229
Bend, OR 97709