Vol M93 Page 34919

12-28-93P03:57 RCVD

094203 I.D. TAG NO. 624 Local File Number

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

136- State File Number

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. DECEDENT'S NAME First: Jack | Middle: Arrow | Last: CULLEY | 2. SEX: Male | 3. DATE OF DEATH (Month, Day, Year): December 22, 1993 | | |
| 4. SOCIAL SECURITY NUMBER: 542-18-2101 | 5a. AGE-Last Birthday (Years): 64 | 5b. Under 1 Year: Mos. Days | 5c. Under 1 Day: Hours Mins. | 6. BIRTHPLACE (City and State or Foreign Country): Enid, Oklahoma | 7. DATE OF BIRTH (Month, Day, Year): October 22, 1929 | |
| 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): Merle West Medical Center | 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): Fireman | 10b. KIND OF BUSINESS/INDUSTRY: Fire Protection | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed | 12. SPOUSE (If married, Widowed): Beverly Ann Culley | | | |
| 13a. RESIDENCE - STATE: Oregon | 13b. COUNTY: Klamath | 13c. CITY, TOWN OR LOCATION: Klamath Falls | 13d. STREET AND NUMBER: 5333 Hilldale St. | | | |
| 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No | 13f. ZIP CODE: 97603 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: ☒ No ☐ Yes | 15. RACE American Indian, Black, White, etc. (Specify): White | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 College (1-4 or 5+): | | |
| 17. FATHER - NAME first middle last: Tex - Culley | 18. MOTHER - NAME first middle maiden: Edna - | 19. INFORMANT - NAME and relationship to deceased: Jeffrey O. Culley Son | | | | |
| 20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ 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, OR | | | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Maxine Ellis | 21b. LICENSE NUMBER (Of Licensee): 94/95-CO-3287 | 22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 575 Pine St., Klamath Falls, OR 97601 | | | | |
| 23. DATE FILED (Month, Day, Year): DEC 28 1993 | 24. REGISTRAR'S SIGNATURE: Evelyn Biehn | | | | | |
| 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: 2:04 P.M. 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): Blake Berven
30. DATE SIGNED (Month, Day, Year): December 27, 1993

**TO BE COMPLETED ONLY BY MEDICAL EXAMINER**

31a. TIME OF DEATH M
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)
Blake Berven M.D. 2616 Clover Street, Klamath Falls OR 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

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) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure — Interval between onset and death: 12 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive pulmonary disease — Interval between onset and death: 15+ yrs
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Staph septicemia

| 37. Did tobacco use contribute to the death? | 38. AUTOPSY | 39. Was Medical Examiner or Coroner contacted in determining cause of death? |
|---|---|---|
| ☒ Yes ☐ Probably ☐ No ☐ Unknown | ☐ Yes ☒ No | ☐ 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)

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45-2 Rev 7/91



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DATE ISSUED: DEC 28 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jeff Culley the 28th day of Dec. A.D., 19 93 at 3:57 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 34919.

Evelyn Biehn - County Clerk
By Lorraine Millenaar

FEE $10.00

Return: Jeff Culley, 5333 Hilldale
Klamath Falls, Or. 97603