CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

8115

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TYPE OR PRINT IN PERMANENT BLACK INK — G-4161

09-15-94A09:19 RCVD

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

I.D. TAG NO. 122 — Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Thomas; Middle: Lee; Last: REYNOLDS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 19, 1994
4. SOCIAL SECURITY NUMBER: 543 34 3519
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): Lewis, IA
7. DATE OF BIRTH (Month, Day, Year): May 26, 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): Golf Club
9b. FACILITY NAME (If not institution, give street and number): 4201 Highway # 97 So.
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.): Distributor
10b. KIND OF BUSINESS/INDUSTRY: Food Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Eleanor
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5822 Winter Avenue
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.) ☒ 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: Frank Irving Reynolds
18. MOTHER - NAME first middle maiden: Pollyanna - Porter

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Eleanor Reynolds / Wife
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, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of 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): MAR 21 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
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: 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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: ± 15:00 M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): March 19, 1994 @ 17:00 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) James N. Beggs MD
33. DATE SIGNED (Month, Day, Year): March 21, 1994
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) Gunshot wound to chest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☒ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal
41a. DATE OF INJURY (Month, Day, Year): Mar. 19, 1994
41b. TIME OF INJURY: 15:00 ± M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Self inflicted gunshot to the chest - Pistol
41e. PLACE OF INJURY - At home, farm, street, factory, office: Home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 4201 Hy 97 S / Kl. Falls / Klam. / Or

CERTIFICATION: I HEREBY CERTIFY THAT THIS IS A TRUE, PERFECT AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION

RESERVED FOR REGISTRAR'S USE

DATE ISSUED: MAR 23 1994

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

ORIGINAL-VITAL STATISTICS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eleanor Reynolds the 15th day of Sept A.D., 19 94 at 9:19 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 29008.

FEE $10.00

Return: Eleanor Reynolds, 5822 Winter Ave
Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By Darlene Mulkey