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TYPE OR PRINT IN PERMANENT BLACK INK

094408 I.D. TAG NO.
406 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: William; Middle: Vincent; Last: MATTINGLY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 17, 1994
4. SOCIAL SECURITY NUMBER: 486-20-3007
5a. AGE Last Birthday (Years): 70
5b. Under 1 Year: 5c. Under 1 Day: Days / Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
7. DATE OF BIRTH (Month, Day, Year): December 2, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA
9a. PLACE OF DEATH (Check only one): OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 7002 Keller Court
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.): Electrical Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Aircraft Manufacturing
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary L. Mattingly
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 7002 Keller Court
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, 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): College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME: first / middle / last: William Jesse Mattingly
18. MOTHER - NAME: first / middle / maiden: Genevieve Huger

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Mary L. Mattingly Spouse
20a. METHOD OF DISPOSITION: [ ] Mausoleum [ ] Burial [X] 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: Michael D. Ott
21b. LICENSE NUMBER (Of Licensee): CO-3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): SEP 20 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT DONATION? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 9:00 P. M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] 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): Robert Beaman M.D.
30. DATE SIGNED (Month, Day, Year): 9/19/94

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Beaman M.D. 2300 Clairmont Street 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) Liver failure — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: metastatic rectal cancer — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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: NIDDM
37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [X] No [ ] Unknown
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] 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 [X] 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

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

DATE ISSUED: SEP 20 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

452 Printed

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Mary Mattingly the 28th day of Sept A.D., 1994 at 11:13 o clock A M., and duly recorded in Vol. M94, of Deeds on Page 30427.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $10.00

Return: Mary Mattingly, 7002 Keller Ct., Klamath Falls, Or 97603