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TYPE OR PRINT IN PERMANENT BLACK INK

158080 I.D. TAG NO.
408 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: Edward; Middle: Lee; Last: CAMPBELL
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 16, 1994
4. SOCIAL SECURITY NUMBER: 541-48-2166
5a. AGE (Last Birthday): 56
5b. If Under 1 Year: Months
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Oregon
7. DATE OF BIRTH (Month, Day, Year): November 26, 1937
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No
9a. PLACE OF DEATH (Check only one): ☐HOSPITAL ☐Inpatient ☐Emergency Room ☐DOA ☐OTHER (Nursing Home ☒Decedent's Home ☐Other (Specify))
9b. FACILITY NAME (If not institution, give street and number): 1010 Pine Grove Road
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): Business Owner
10b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS (Never Married, Married, Divorced, Widowed, Unknown): Married
12. SPOUSE (If married, widowed or divorced): Helen Campbell
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1010 Pine Grove Road
13e. INSIDE CITY LIMITS? ☐Yes ☒No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if Yes, specify Cuban, Mexican, Puerto Rican, or Other) ☒No ☐Yes Specify
15. RACE - American Indian, Black, White, etc. (Specify): White
16. EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (13+):

PART II

17. FATHER'S NAME: First: Irwin; Middle: Edward; Last: Campbell
18. MOTHER'S NAME: First: Carrie; Middle: K.; Last: Kecera
19. INFORMANT'S NAME and relationship to decedent: Helen Campbell - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE PERSON ACTING AS SUCH: Jack Pickard
21b. LICENSE NUMBER (If required): 3588
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): SEP 20 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE INQUIRIES FOR MEDICAL CERTIFICATION? ☐Yes ☐No ☒N/A
26. WAS GIFT MADE? ☐YES ☐NO ☒N/A

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 8:05 a.m.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐Yes ☒No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature): Carol Fellows M.D.
30. DATE SIGNED (Month, Day, Year): 9/21/94
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Carol Fellows M.D. 2610 Uhalden Road Klamath Falls, Oregon 97601
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. TIME OF DEATH:
33b. DATE PRONOUNCED DEAD (Month, Day, Year):
33c. 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)
34. DATE SIGNED (Month, Day, Year)
COUNTY

CAUSE OF DEATH

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

PART I
(a) Metastatic large cell carcinoma of the lung — Interval between onset and death: 10 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

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

35. Did tobacco use contribute to the death? ☒Yes ☐Probably ☐No ☐Unknown
36. AUTOPSY: ☐Yes ☒No
37. Were autopsy findings available in determining cause of death? ☐Yes ☐No

38. MANNER OF DEATH: ☒Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Undetermined Manner ☐Legal Intervention
39. DATE OF INJURY (Month, Day, Year)
40. TIME OF INJURY
41. INJURY AT WORK? ☐Yes ☐No
42. DESCRIBE HOW INJURY OCCURRED
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
44. 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: OCT 12 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsness the 20th day of Oct A.D., 19 94 at 10:36 o'clock AM., and duly recorded in Vol. M94, of Deeds on Page 32615.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $10.00
Return: Brandsness & Brandsness. 411 Pine St.