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TYPE OR PRINT IN PERMANENT BLACK INK

094442 I.D. TAG NO.

466 Local File Number

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

130- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Robert; Middle: Eugene; Last: BONNEY
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 24, 1994
4. SOCIAL SECURITY NUMBER: 330-05-7233
5a. AGE (Last Birthday) (Years): 74
5b. Under 1 Year (Mos / Days)
5c. Under 1 Day (Hours / Min.)
6. BIRTHPLACE (City and State or Foreign Country): De Long, Illinois
7. DATE OF BIRTH (Month, Day, Year): July 2, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☐ Decedent's Home X Other (Specify): Ranch
9b. FACILITY NAME (If not institution, give street and number): Farm House on Table Land Road
9c. CITY, TOWN, OR LOCATION OF DEATH: Beatty
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Superintendent
10b. KIND OF BUSINESS/INDUSTRY: Parks & Recreation State Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Patricia Y. Bonney
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1130 Monclair Street
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, etc.) ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+)

PARENTS

17. FATHER'S NAME first middle last: Earl Wallace Bonney
18. MOTHER'S NAME first middle maiden: Ellen Irene Tracey
19. INFORMANT - NAME and relationship to deceased: Patricia Y. Bonney Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ 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 PERSON ACTING AS SUCH: James D. Fitzgerald
21b. LICENSE NUMBER (License): CC-3572
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): OCT 26 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simonsen
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES X NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:03 PM
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): Kenneth K. Magee M.D.
30. DATE SIGNED (Month, Day, Year): 10-25-94

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print): Kenneth K. Magee M.D. 1900 Main 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) Acute Myocardial Infarction — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease, Advanced — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the underlying cause given in PART I: Diabetes Mellitus, Type II

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ 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. If FEMALE, was pregnancy related to injury? (Month, Day, Year)
41b. TIME OF INJURY
41c. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify)
41d. DESCRIBE HOW INJURY OCCURRED
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RECEIVED 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 26 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OREGON

WARNING: ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia Bonney the 28th day of Oct A.D., 19 94 at 1:51 o'clock P M., and duly recorded in Vol. M94, of Deeds on Page 33583.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Millendorf

Return: Patricia Bonney, 1130 Monclair St