30535 11-02-94 01:25 RCVD Vol M94 Page 33981

TYPE OR PRINT IN PERMANENT BLACK INK

156781
ID TAB NO.
429
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: Robert; Middle: Eugene; Last: MONTGOMERY
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): September 26, 1994
4 SOCIAL SECURITY NUMBER: 527-78-1635
5a AGE Last Birthday (Years): 46
5b. Under 1 Year: Days / Hours / Minutes
5c. Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Ellensburg, WA
7 DATE OF BIRTH (Month, Day, Year): February 13, 1948
8a WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
8b PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 23613 Arrowhead Lane
9c CITY, TOWN, OR LOCATION OF DEATH: Sprague River
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Construction Worker
10b KIND OF BUSINESS/INDUSTRY: Building Trades
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
12 SPOUSE (If Married, Widowed): Suzanne J.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Sprague River
13d STREET AND NUMBER: 23613 Arrowhead Lane
13e INSIDE CITY LIMITS? [ ] Yes [X] No
13f ZIP CODE: 97639
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 (Specify), Asian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME First Middle Last: Robert George Montgomery
18 MOTHER'S NAME First Middle Last: Jacquette M. Kious
19 INFORMANT NAME and relationship to deceased: Robert G. Montgomery, father

DISPOSITION

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): Eternal Hills Crematorium
20c LOCATION City or Town, State: Klamath Falls, Oregon 97603

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b LICENSE NUMBER (Of Licensee): 0-3104
21c NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
22 DATE FILED (Month, Day, Year): SEP 28 1994
23 REGISTRAR'S SIGNATURE: Evelyn Simonson
24 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
25 WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
26 TIME OF DEATH: M
27 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)
30 DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a TIME OF DEATH: 5:30 PM
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): September 26, 1994 16:00PM
32 To the best 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): September 28, 1994
COUNTY: Klamath
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS OF 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. Interval between onset and death
PART I (a) Gunshot wound to head
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.
37 Did tobacco use contribute to death? [ ] Yes [ ] Probably [ ] No [ ] Unknown
38 AUTOPSY [ ] Yes [X] No
39 If YES were findings considered in determining cause of death? [ ] Yes [ ] No [X] N/A
40 MANNER OF DEATH: [ ] Natural [ ] Accident [X] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a DATE OF INJURY (Month, Day, Year): 09/26/94
41b TIME OF INJURY: 15:30PM
41c INJURY AT WORK? [ ] Yes [X] No
42 DESCRIBE HOW INJURY OCCURRED: Selfinflicted 22 Caliber gunshot wound to head (rifle)
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Home
41f LOCATION (Street and Number or Rural Route Number, City or Town, State): 23613 Arrowhead Ln, S.R., OR 97639

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED: OCT 04 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

45-2 REV 11-91

IT IS UNLAWFUL TO MAKE ANY ALTERATIONS OR ADDITIONS TO THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Suzanne Montgomery the 2nd day of Nov A.D., 19 94 at 1:25 o'clock P.M., and duly recorded in Vol. M94, of Deeds on Page 33981.

FEE $10.00

Evelyn Biehn - County Clerk
By Doreen Williamson

Return: Suzanne Montgomery, P.O. Box 22, Beatty, Or. 97621