CERTIFICATION OF VITAL RECORD

MTC 34253-JW

92379

Vol. M94 Page 37662

USE BLACK INK

094172 I.D. TAG NO.

566 Local File Number

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

136- State File Number

12-13-94A11:12 RCVD

DECEDENT

1. DECEDENT'S NAME: First: James; Middle: Fredrick; Last: GORMISH
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 29, 1993
4. SOCIAL SECURITY NUMBER: 170-28-1642
5a. AGE (Last Birthday) (Years): 57
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Saint Benedict, PA
7. DATE OF BIRTH (Month, Day, Year): July 13, 1936
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 [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 6737 Cottage Avenue
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): Purchasing Supervisor
10b. KIND OF BUSINESS/INDUSTRY: Weyerhauser Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Margaret Gormish
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 6737 Cottage Avenue
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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: John; Middle: -; Last: Gormish
18. MOTHER - NAME: First: Violet; Middle: B.; Maiden: Vender

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Margaret Gormish Spouse
20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A Fitzgerald
21b. LICENSE NUMBER (Of Licensee): CO 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): DEC 01 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] 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: 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)
30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 2:30 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 29, 1993 5:30 P 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) M.D.
33. DATE SIGNED (Month, Day, Year): 12/1/93 COUNTY: Klamath
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert P. 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) Asphyxiation Suicide — Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF:
(b) Self Inflicted Hanging — Interval between onset and death: Unknown
DUE TO, OR AS A CONSEQUENCE OF:
(c) Depression — Interval between onset and death: Years
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 [X] Unknown
38. AUTOPSY [ ] Yes [X] No
39. [ ] Yes [ ] No

40. MANNER OF DEATH: [ ] Natural [ ] Accident [X] 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 [ ] 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

Return: Rita Gormish
~~6737 Cottage~~ 2207 Kimberly Dr.
Kl Falls 97603

ORIGINAL VITAL STATISTICS COPY

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

45-2 Rev.

DATE ISSUED: DEC 01 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH KLAMATH OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 13th day of Dec A.D., 19 94 at 11:12 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 37662.

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Henderson