12-13-94A11:44 RCVD

92390

094481 I.D. TAG NO.

487 Local File Number

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

Vol M94 Page 37681

136- State File Number

PERMANENT BLACK INK

DECEDENT

1. DECEDENT'S NAME: First **Willie** Middle **Leo** Last **MC BRIDE**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **November 5, 1994**
4. SOCIAL SECURITY NUMBER: **525-24-0278**
5a. AGE-Last Birthday (Years): **80**
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): **Talihna, Oklahoma**
7. DATE OF BIRTH (Month, Day, Year): **March 7, 1914**
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): **2811 Montelius Street**
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.): **Maintenance Worker**
10b. KIND OF BUSINESS/INDUSTRY: **Lumber Mill**
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**
12. SPOUSE (If Married, Widowed): **Clemmie McBride**
13a. RESIDENCE - STATE: **Oregon**
13b. COUNTY: **Klamath**
13c. CITY, TOWN OR LOCATION: **Klamath Falls**
13d. STREET AND NUMBER: **2811 Montelius 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.) ☐ 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): **8** College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: **Henry McBride**
18. MOTHER - NAME first middle maiden: **Millie Riddle**
19. INFORMANT - NAME and relationship to deceased: **Clemmie McBride 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): **Klamath Memorial Park**
20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Riggs
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): **NOV 08 1994**
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **4:00 A.** M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ 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: **4:00A** M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): **November 5, 1994** 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): **November 7, 1994** COUNTY: **Klamath**
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601**
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

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) **Probable Myocardial Infarction** — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
PART II (c) 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 ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ 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 ☒ 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: NOV 08 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON · 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 Clemmie McBride the 13th day of Dec A.D., 19 94 at 11:44 o'clock A M., and duly recorded in Vol. M94 of Deeds on Page 37681.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00
Ret: Clemmie McBride, 2811 Montelius
Klamath Falls, Or. 97601