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Vol. 195 Page 21787

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I.D. TAG NO.

367

Local File Number

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

136

State File Number

1 DECEDENT'S NAME First: <b>Julius</b> Middle: <b>-</b> Last: <b>REYNOLDS</b>			2 SEX <b>Male</b>	3 DATE OF DEATH (Month, Day, Year) <b>August 7, 1995</b>
4 SOCIAL SECURITY NUMBER <b>543-10-0946</b>	5a AGE Last Birthday (Years) <b>81</b>	5b Under 1 Year Mos. Days Hours Mins	5c Under 1 Day Hours Mins	6 BIRTHPLACE (City and State or Foreign Country) <b>Wagoner, Oklahoma</b>
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			7 DATE OF BIRTH (Month, Day, Year) <b>October 5, 1913</b>	
9a PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) <b>Klamath Regional Rehabilitation Center</b>			9c CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
9d COUNTY OF DEATH <b>Klamath</b>				
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Lumber Grader</b>			10b KIND OF BUSINESS/INDUSTRY <b>Lumber</b>	
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>			12 SPOUSE (If Married, Widowed, Divorced (Specify) <b>Louise Reynolds</b>	
13a RESIDENCE - STATE <b>Oregon</b>		13b COUNTY <b>Klamath</b>		13c CITY, TOWN OR LOCATION <b>Klamath Falls</b>
13d STREET AND NUMBER <b>2136 Home Avenue</b>				
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f ZIP CODE <b>97601</b>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15 RACE American Indian, Black, White, etc. (Specify) <b>White</b>
16 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>				
17 FATHER'S NAME first middle last <b>Alonzo - Reynolds</b>		18 MOTHER'S NAME first middle maiden <b>Aqusta - Keith</b>		19 INFORMANT NAME and relationship to decedent <b>Louise Reynolds - Spouse</b>
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>		20c LOCATION City or Town, State <b>Klamath Falls, Oregon</b>
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON MAKING REQUEST <i>[Signature]</i>		21b LICENSE NUMBER (Of Licensee) <b>3588</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603</b>
23 DATE FILED (Month, Day, Year) <b>AUG 10 1995</b>		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>		
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27 TIME OF DEATH <b>5:10 PM</b>		28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29 To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) <i>[Signature]</i> M.D.				
30 DATE SIGNED (Month, Day, Year) <b>Aug 8, 1995</b>				
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Sean Dow M.D. 2628 Campus Drive Klamath Falls, Oregon 97601</b>				
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a TIME OF DEATH <b>M</b>		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>		
32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature)				
33 DATE SIGNED (Month, Day, Year) COUNTY				
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) <b>COPD</b>		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				
(b)		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF				
(c) <b>Acute intracerebral hemorrhage</b>		Interval between onset and death		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39 If YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide	41a DATE OF INJURY (Month, Day, Year)	41b TIME OF INJURY <b>M</b>	41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d DESCRIBE HOW INJURY OCCURRED
41a 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)		

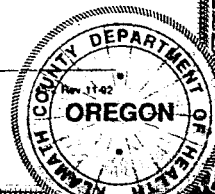
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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: **AUG 10 1995**

*Janet Bailey-Gober*  
JANET BAILEY-GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Louise Reynolds the 16th day  
of August A.D., 19 95 at 2:08 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 21787

FEE \$10.00

Bernetha G. Letsch, County Clerk  
By *Arnette Mueller*