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I.D. TAG NO.

392

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: <u>Earl</u> Middle: <u>Floyd</u> Last: <u>MINTON</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 19, 1995</u>
4. SOCIAL SECURITY NUMBER <u>555-18-1568</u>	5a. Age Last Birthday (Year/s) <u>74</u>	5b. Under 1 Year Mos. <u>74</u> Days <u>74</u> Hours <u>74</u> Mins. <u>74</u>	6. BIRTHPLACE (City and State or Foreign) <u>Earlhart, California</u>
7. DATE OF BIRTH (Month, Day, Year) <u>February 22, 1921</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9a. FACILITY NAME (if not institution, give street and number) <u>Plum Ridge Care Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9c. COUNTY OF DEATH <u>Klamath</u>		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Heavy Construction</u>	
10b. KIND OF BUSINESS/INDUSTRY <u>Construction</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Alice Minton</u>		13. STREET AND NUMBER <u>28333 Yonna Loop Road</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN OR LOCATION <u>Bonanza</u>	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. ZIP CODE <u>97623</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>NO</u> <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (14 or 5+) <u>10</u>		17. FATHER - NAME first middle last <u>Roy James Minton</u>	
18. MOTHER - NAME first middle maiden <u>May Johnson</u>		19. INFORMANT - NAME and relationship to decedent <u>Earl Minton - Self</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input 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) <u>Haven of Rest Mausoleum</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON AUTHORIZED TO SIGN <u>Earl A. White</u>		21b. LICENSE NUMBER (Of Licensee) <u>3588</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u>		23. DATE FILED (Month, Day, Year) <u>AUG 21 1995</u>	
24. REGISTRATION SIGNATURE <u>Janet Bailey-Gober</u>		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		27. TIME OF DEATH <u>12:40 a.m.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 cause(s) and manner stated. (Signature) <u>Kenneth K. Magee M.D.</u>	
30. DATE SIGNED (Month, Day, Year) <u>8-21-95</u>		31. DATE SIGNED (Month, Day, Year) <u>8-21-95</u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee M.D. 1900 Main Street Klamath Falls, Oregon 97601</u>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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) <u>Respiratory Insufficiency</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Recurrent Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Severe Chronic Obstructive Pulmonary Disease</u>		35. INTERVAL BETWEEN ONSET AND DEATH <u>Weeks</u>	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Heart Bypass - chronic apphysis</u>		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 considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <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 <u>M</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

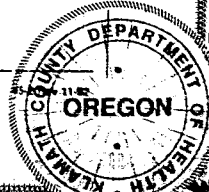
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ORIGINAL-VITAL STATISTICS COPY

AUG 21 1995

DATE ISSUED:

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Alice Minton the 28th day  
of Aug A.D., 19 95 at 11:39 o'clock A M., and duly recorded in Vol. M95  
of Deeds on Page 23151

RETURN:

FEE \$10.00

Alice Minton  
28333 Yonna Loop Rd  
Bonanza, Or 97623

Bernetha G. Lusch, County Clerk  
By Janet Bailey-Gober