08-31-95P02:53 RCVD

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CERTIFICATION OF VITAL RECORD

FRONT OF PERMANENT PLACE INK

194646 I.D. TAG NO.

403 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: Marion	Middle: Wilbur	Last: Simpson	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): August 24, 1995
4. SOCIAL SECURITY NUMBER: 540-40-6270	5a. AGE Last Birthday (Years): 83	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Milton Freewater, OR.	7. DATE OF BIRTH (Month, Day, Year): November 29, 1911

8a. PLACE OF DEATH (Check only one)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA | OTHER [X] Nursing Home [ ] Decedent's Home [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center

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): Carpenter	10b. KIND OF BUSINESS/INDUSTRY: Construction	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Illia	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 5615 Harlan Drive	
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): 11 College (1-4 or 5+):

17. FATHER - NAME first middle last: Charles F. Simpson	18. MOTHER - NAME first middle maiden: Adeline - Johnson	19. INFORMANT - NAME and relationship to deceased: Marion Thomason - Daughter
20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Mausoleum [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Earl A. Isch	21b. LICENSE NUMBER (Of Licensee): 3588	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): AUG 25 1995		24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A		26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:35 p.m.	28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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) Carol Fellows M.D.

30. DATE SIGNED (Month, Day, Year): 8.25.95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Carol Fellows M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) DUE TO, OR AS A CONSEQUENCE OF: Adenocarcenoma of the prostate, metastatic		Interval between onset and death: 8 yrs
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c)		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 [X] Unknown	38. AUTOPSY [ ] Yes [X] No	39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A

40. MANNER OF DEATH: [X] 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 [X] 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)		

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DATE ISSUED: AUG 25 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 _____ the 31st day of August A.D., 19 95 at 2:53 o'clock p M., and duly recorded in Vol. M95, of Deeds on Page 23603.

RETURN: Marion Thomason
5615 Harlan Dr
K Falls, Or 97603

FEE $10.00

Bernetha G. Letsch, County Clerk
By Lynette Hardy