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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 103118

Local File Number 314

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number 91-016632

DECEDENT 30 30 251 350

1. DECEDENT'S NAME: First William; Middle Polk; Last BURGESS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 30, 1991
4. SOCIAL SECURITY NUMBER: 535/07/3638
5a. AGE - Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Willington, KS
7. DATE OF BIRTH (Month, Day, Year): November 9, 1918
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Clairmont 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): Salesman
10b. KIND OF BUSINESS/INDUSTRY: Farm Machinery
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Dorothy
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Merrill
13d. STREET AND NUMBER: 415 West Front
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97633
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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME First middle last: Lawrence Green Burgess
18. MOTHER - NAME First middle maiden: Mollie - Potter
19. INFORMANT - NAME and relationship to deceased: Dorothy Burgess / Wife

DISPOSITION 21 12 182

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
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Lawrence K. Ward
21b. LICENSE NUMBER (Or Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 5 1991
24. REGISTRAR'S SIGNATURE: Charlie Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER 2 414C

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1253 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): Blake Berven
30. DATE SIGNED (Month, Day, Year): September 4, 1991

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): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GIVE 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) Acute CVA — Interval between onset and death: 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) Old CVA — Interval between onset and death: 19 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) ASHD — Interval between onset and death: 10 years

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

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6
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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

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

09-28-95P02:31 RCVD

Return to Douglas V. Osborne, atty
439 Pine St KF OR 97601

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED SEP 25 1995

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Douglas V. Osborne, Attorney the 28th day of September A.D., 19 95 at 2:31 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 26331.

Bernetha G. Leisch, County Clerk

FEE $10.00

By Lynette Daly