

## CERTIFICATION OF VITAL RECORD

158051  
I.D. TAG NO.519  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

State File Number

|   |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| 1. DECEDENT'S NAME<br>First: <u>MaryAnn</u> Middle: <u>DRAYTON</u> Last: <u>DRAYTON</u>   |  |  | 2. SEX<br><u>Female</u>   | 3. DATE OF DEATH (Month, Day, Year)<br><u>November 22, 1994</u>                           |  |  |
| 4. SOCIAL SECURITY NUMBER<br><u>354-24-7217</u>   |  |  | 5a. AGE-Last Birthday (Years)<br><u>63</u>  | 5b. Under 1 Year<br>Mos. <u>    </u> Days <u>    </u> Hours <u>    </u> Mins. <u>    </u> | 6. BIRTHPLACE (City and State or Foreign Country)<br><u>Chicago, Illinois</u>                            | 7. DATE OF BIRTH (Month, Day, Year)<br><u>May 15, 1931</u>   |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |  | 9a. PLACE OF DEATH (Check only one)<br><input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) |   |  | 9b. COUNTY OF DEATH<br><u>Klamath</u>  |
| 9c. FACILITY NAME (If not institution, give street and number)<br><u>1909 Terrace</u>   |  |  | 9d. CITY, TOWN, OR LOCATION OF DEATH<br><u>Klamath Falls</u>  |   |  | 9e. COUNTY OF DEATH<br><u>Klamath</u>  |
| 10a. DECEDENT'S USUAL OCCUPATION<br>(Give kind of work done during most of working life. Do not use retired)<br><u>College Professor</u>  |  |  | 10b. KIND OF BUSINESS/INDUSTRY<br><u>Education</u>  |   |  | 11. MARITAL STATUS - <u>Married</u><br>Never Married, Widowed, Divorced (Specify)  |
| 12a. RESIDENCE - STATE<br><u>Oregon</u>   |  |  | 12b. COUNTY<br><u>Klamath</u>   |   |  | 13c. STREET AND NUMBER<br><u>1909 Terrace</u> ✓  |
| 13a. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |  | 13b. ZIP CODE<br><u>97601</u>   |   |  | 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  |
| 15. RACE American Indian, Black, White, etc. (Specify)<br><u>white</u>  |  |  | 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) College (14 or 5+) <u>5+</u>   |   |  | 17. INFORMANT - NAME and relationship to deceased<br><u>Charles Drayton - Spouse</u>   |
| 18. FATHER - NAME first middle last<br><u>Arthur - Chatfield</u>  |  |  | 19. MOTHER - NAME first middle maiden<br><u>Charlotte - Reeks</u>   |   |  | 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)<br><u>Eternal Hills Memorial Gardens</u>  |  |  | 20c. LOCATION - City or Town, State<br><u>Klamath Falls, Oregon</u>   |   |  | 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY<br><u>Charles A. M.D.</u>   |
| 21b. LICENSE NUMBER (Of Licensee)<br><u>3588</u>  |  |  | 22. NAME, ADDRESS AND ZIP OF FACILITY<br><u>Eternal Hills Funeral Home</u><br><u>4711 Highway 39 Klamath Falls, Oregon 97603</u>  |   |  | 23. REGISTRAR'S SIGNATURE<br><u>Janet Bailey</u>   |
| 24. DATE FILED (Month, Day, Year)<br><u>NOV 28 1994</u>   |  |  | 25. WAS GIFT MADE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |   |  | 26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A  |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN   |  |  |   |   |  |  |
| 27. TIME OF DEATH<br><u>9:30 p. m.</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |  | 28. WAS MEDICAL EXAMINER NOTIFIED?<br><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.<br>(Signature) <u>R. Ran Hale M.D.</u> M.D.   |  |  |   |   |  |  |
| 30. DATE SIGNED (Month, Day, Year)<br><u>11/28/94</u>   |  |  |   |   |  |  |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)<br><u>R. Ran Hale M.D. 1000 Pine Street Klamath Falls, Oregon 97601</u>  |  |  |   |   |  |  |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |  |   |   |  |  |
| PART I 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)  |  |  |   |   |  |  |
| (a) <u>Metastatic carcinoma of breast</u>   |  |  | Interval between onset and death<br><u>23 months</u>  |   | Interval between onset and death   |  |
| (b) <u>    </u>   |  |  | Interval between onset and death  |   | Interval between onset and death   |  |
| (c) <u>    </u>   |  |  | Interval between onset and death  |   | 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.<br><u>(R) III nerve paralysis</u>  |  |  |   |   |  |  |
| 40. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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)<br><u>    </u>   |   | 41b. TIME OF INJURY<br><u>    </u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 41c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)  |   |  |  |

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-82

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: NOV 29 1994Janet Bailey  
JANET BAILEY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charles Drayton the 5th day of October A.D., 19 95 at 1:54 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 26945.

Bernetha G. Letsch, County Clerk

FEE \$10.00

Ret: Charles Drayton, 1909 Terrace,  
Klamath Falls, OR 97601By Annette Mueller