CERTIFICATION OF VITAL RECORD

11-03-95P03:13 RCVD

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197378 I.D. TAG NO.
95-58 Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Richard; Middle: Carl; Last: FAIRCHILD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 18, 1995
4. SOCIAL SECURITY NUMBER: 550-40-8049
5a. AGE-Last Birthday (Years): 66
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Crossett, Texas
7. DATE OF BIRTH (Month, Day, Year): December 27, 1926
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Lake County Long Term Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Lakeview
9d. COUNTY OF DEATH: Lake
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cowboy
10b. KIND OF BUSINESS/INDUSTRY: Ranching
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ethel
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Bly
13d. STREET AND NUMBER: Crane St. Box 163
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97622
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: Powell - Fairchild
18. MOTHER - NAME first middle maiden: Ida - Fairchild

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Ethel Fairchild- Wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematorium
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: W Scott Weippe
21b. LICENSE NUMBER (Of Licensee): 3423
22. NAME, ADDRESS AND ZIP OF FACILITY: Huffstutter Funeral Chapel 410 Center, Lakeview, OR 97630
23. DATE FILED (Month, Day, Year): September 21 1995
24. REGISTRAR'S SIGNATURE: Debbie Stacy Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:55 P 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): W.J. Strieby MD.
30. DATE SIGNED (Month, Day, Year): 9/19/95
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): W.J. Strieby, M.D., 733 N. 1st St., Lakeview, Oregon 97630
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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 myocardial infarction with Cardiac Arrest — Interval between onset and death: 60 Min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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: Chronic Obstructive Pulmonary disease

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

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ORIGINAL — VITAL STATISTICS COPY

DATE ISSUED: September 21, 1995

Barbara Wheelock

BARBARA WHEELOCK
COUNTY REGISTRAR
LAKE COUNTY, OREGON

LAKE COUNTY 452 Rev 7/91 LAKEVIEW OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Ethel Fairchild
of November A.D., 19 95 at 3:13 o'clock P M., and duly recorded in Vol. M95, the 3rd day
of Deeds on Page 30228

FEE $10.00

Bernetha G. Letsch, County Clerk
By Bernetha Mueller