

11-21-95A09:47 RCVD

Vol. 1795 Page 31775

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TYPE OR
PRINT IN
PERMANENT
BLACK INK194664
I.D. TAG NO.
471
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136.
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First Middle Last Donald Valmore CURTIS		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 23, 1995
4. SOCIAL SECURITY NUMBER 543-10-0644	5a. AGE Last Birthday (Years) 89	5b. Under 1 Year Mos Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Oskaloosa, IO
7. DATE OF BIRTH (Month, Day, Year) January 17, 1906		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 1124 California Av.		10. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mill Worker		10b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Eleanor Curtis	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 1124 California Av.		14. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12	
17. FATHER - NAME first middle last William Elmer Curtis		18. MOTHER - NAME first middle maiden Eleanor Curtis - Spouse	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39 Klamath Falls, OR 97603		23. REGISTRAR'S SIGNATURE Janet Bailey-Gober	
24. DATE FILED (Month, Day, Year) SEP 26 1995		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 3:00 p.m.	
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) Kenneth K. Magee M.D.	
30. DATE SIGNED (Month, Day, Year) 9-25-95		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth K. Magee M.D. - 1900 Main St. - Klamath Falls, OR - 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. 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.) Interval between onset and death (a) Cardiac Arrhythmia Interval between onset and death (b) Congestive Heart Failure Interval between onset and death (c) Unknown	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
36. 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		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY	
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		43. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE ORIGINAL COUNTY CLERKDATE ISSUED: **SEP 27 1995**Janet Bailey-Gober
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Eleanor Curtis** the **21st** day
of **November** A.D., 19 **95** at **9:47** o'clock **A. M.**, and duly recorded in Vol. **M95**
of **Deeds** on Page **31775**

FEE \$10.00

By **Bernetha G. Letsch, County Clerk**
Annette Mueller