CERTIFICATION OF VITAL RECORD

11-21-95P01:55 RCVD

9460

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M95 Page 31895

75842
I D TAG NO

91-12
Local File Number

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

136- 91-002797
State File Number

1. DECEDENT'S NAME (First, Middle, Last): Robert Lee SPRADLING
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): February 13, 1991
4. SOCIAL SECURITY NUMBER: 548-28-2133
5a. AGE - Last Birthday (Years): 69
5b. Under 1 Year (Mos, Days):
5c. Under 1 Day (Hours, Mins):
6. BIRTHPLACE (City and State or Foreign Country): Texas
7. DATE OF BIRTH (Month, Day, Year): June 18, 1921
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 district skilled nursing facility
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): Telephone repairman
10b. KIND OF BUSINESS/INDUSTRY: Pacific telephone
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Rebecca Spradling
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lakeview
13d. STREET AND NUMBER: 242 N. H St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97630
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+):
17. FATHER - NAME (first, middle, last): Robert Spradling
18. MOTHER - NAME (first, middle, maiden): Gladys
19. INFORMANT - NAME and relationship to decedent: Rebecca Spradling-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 Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (Of Licensee): 47-3192
22. NAME, ADDRESS AND ZIP OF FACILITY: Ousley Osterman Huffstutter Funeral Chapel 410 Center St. Lakeview, OR 97630
23. DATE FILED (Month, Day, Year): February 19 1991
24. REGISTRAR'S SIGNATURE: Barbara Wheelock, Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0600 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) [signature] M.D.
30. DATE SIGNED (Month, Day, Year): 2/14/91

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): William J. Striebv, MD 733 N. 1st Lakeview, Oregon 97630
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) Squamous Cell Carcinoma of Esophagus — Interval between onset and death: 5 Mo.
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1
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
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

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 OCT 13 1995

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of John H. Bogardus the 21st day of November A.D., 19 95 at 1:55 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 31895.

Bernetha G. Letsch, County Clerk
By Annette Mueller

FEE $10.00 Return: John Bogardus
35 G Street South
Lakeview, OR 97630