CERTIFICATION OF VITAL RECORD

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CENTER FOR HEALTH STATISTICS

MT 36607-NF

12-08-95A11:37 RCVD

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

46040 I.D. TAG NO
4826 Local File Number
136- State File Number 88-024121

DECEDENT

1 DECEDENT'S NAME: First Nellie; Middle Noveda; Last GATLIN
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): December 22, 1988
4 SOCIAL SECURITY NUMBER: 519-16-1063
5a AGE - Last Birthday (Years): 71
5b UNDER 1 YEAR (Months, Days)
5c UNDER 1 DAY (Hours, Minutes)
6 BIRTHPLACE (City and State or Foreign Country): Granby, MO.
7 DATE OF BIRTH (Month, Day, Year): August 27, 1917
8a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
8b FACILITY NAME (If not institution, give street and number): Merle West Medical Center
8c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d COUNTY OF DEATH: Klamath
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9 CITIZEN OF WHAT COUNTRY
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
10b KIND OF BUSINESS/INDUSTRY: Homemaking
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Eugene
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 770 California
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: 97601
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): 8; College (1-4 or 5+)

PARENTS

17 FATHER - NAME: First John; Middle W.; Last Goff
18 MOTHER - NAME: First Eulah; Middle C.; Maiden Ford
19 INFORMANT - NAME and relationship to deceased: Eugene Gatlin, husband

DISPOSITION

20a METHOD OF DISPOSITION ☐ Maceration ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c LOCATION - City or Town, State: Klamath Falls, Oregon 97603
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b LICENSE NUMBER (Or Licensee): 47-3104
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
23 TIME OF DEATH: 10:53 A M
24 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
25 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26 DATE SIGNED (Month, Day, Year): December 22, 1988

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27a TIME OF DEATH M
27b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
28 On the basis of examination and, or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)
29 DATE SIGNED (Month, Day, Year) COUNTY

30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER-MEDICAL EXAMINER (Type or Print): Wm. A. Bartlett, MD, 2300 Calimont, Klamath Falls, Oregon 97601
31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

32 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Embolism — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Thrombophlebitis — Interval between onset and death: Years
(c) DUE TO, OR AS A CONSEQUENCE OF — 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 (a): IDDM · Chronic Bronchitis · Chronic Congestive Heart Failure
33 AUTOPSY ☐ Yes ☒ No
34 WERE FINDINGS considered in determining cause of death? ☐ Yes ☐ No

35 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a DATE OF INJURY (Month, Day, Year)
36b TIME OF INJURY M
36c INJURY AT WORK? ☐ Yes ☒ No
36d DESCRIBE HOW INJURY OCCURRED
36e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f LOCATION (Street or R.F.D. Number or Rural Route Number, City or Town, State)

REGISTRAR

37 REGISTRAR'S SIGNATURE: Michelle Bartleff
38 DATE FILED (Month, Day, Year): DEC 27 1988
39 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
40 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV 1-88

Return to: Larry Gene Gatlin 12775 Orchard Nampa ID 83651

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 DEC 05 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 8 day of Dec. A.D., 19 95 at 11:37 o'clock A. M., and duly recorded in Vol. M95, of Deeds on Page 33571.

Bernetha G. Letsch, County Clerk

By Cheryl Russell

FEE $10.00