16124

Vol. M96 Page 9869

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

96 APR -9 A9:02

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 4325 — STATE FILE NO. 12315 — DATE RECEIVED OCT 12 '60

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink): First: William — Middle: Noel — Last: Thomas

2. PLACE OF DEATH
A. COUNTY: Multnomah
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Portland
C. LENGTH OF STAY IN 2d: 6 weeks
D. NAME OF HOSPITAL OR INSTITUTION: Medical School Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Lane
C. CITY, TOWN OR LOCATION: Eugene
D. STREET ADDRESS, RURAL ROUTE, ETC: 1180 Horn Lane

4. DATE OF DEATH: September 29, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: Married
8. SOCIAL SECURITY NO.: 557-01-6537
9. USUAL OCCUPATION (Kind of work done during most of life): Accountant
10. KIND OF BUSINESS OR INDUSTRY: Self
11. NAME OF SPOUSE: Janez F.
12. DATE OF BIRTH: December 17, 1906
13. AGE LAST BIRTHDAY: 53 53 Yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HOURS: Hours Minutes
14. BIRTHPLACE: England
15. WAS DECEASED A CITIZEN OF U.S.A.?
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: Joseph Thomas
18. MAIDEN NAME OF MOTHER: Jennie Bradley
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Janez F. Thomas- wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Ventricular Fibrillation during open Heart surgery
DUE TO (B): Mitral regurgitation
DUE TO (C): Rheumatic Heart Disease
PART II: Other Significant Conditions contributing to Death but not related to the terminal illness or condition given in Part I (a):
21. If decedent was a female was she pregnant in the past 12 months? Yes No Unknown
22. Was an autopsy performed? Yes No
23. WAS DEATH DUE TO: Accident Suicide Homicide
24. IF ACCIDENT, SUICIDE OR HOMICIDE: At Work
25A. PLACE OF INJURY (Home, Farm, Factory, Street, Office Building, Hospital, etc.)
25B. City County State
25. TIME OF INJURY: Hour Month Day Year
26. INJURY OCCURRED: ____ A.M. ____ P.M.
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on August 19, 1960 to September 29, 1960 and that death occurred at 12:10PM from the causes and on the date stated above.
(Signature) Alexander J. Schleuning (Title) 1048 SW Gaines St, Portland (Address) 10/2/60 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: Buried Cremated Removed Other
30B. DATE: 10-4-60
30C. NAME OF CREMATORY OR CEMETERY: Eugene Crematorium
30D. LOCATION (City or Town, State): Eugene, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: OCT 7 1960
32. REGISTRAR'S SIGNATURE: Thos. H. Brados M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Eugene Poole-Larsen Funeral Home

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 FEB 07 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Brandsness & Brandsness the 9th day of April A.D., 19 96 at 9:02 o'clock A M., and duly recorded in Vol. M96, of Deeds on Page 9869.

FEE $10.00

Return: Brandsness
411 Pine Street
Klamath Falls, Oregon 97601

Bernetha G. Letsch, County Clerk
By

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

'96 APR -9 A9:02

094480 I.D. TAG NO.
489 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

94-022677 State File Number

1. DECEDENT'S NAME: First: Reginald	Middle: Edward	Last: THOMAS	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): November 5, 1994	
4. SOCIAL SECURITY NUMBER: 542-38-7682	5a. AGE-Last Birthday (Years): 86	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Liverpool, England	7. DATE OF BIRTH (Month, Day, Year): July 28, 1908

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. 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): Clairmont Nursing Center

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9d. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Vocational Counselor	10b. KIND OF BUSINESS/INDUSTRY: State of Oregon; Employment Division	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	12. SPOUSE (If Married, Widowed): Virginia Thomas	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Bonanza	13d. STREET AND NUMBER: 31474 Highway 70	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97623	14. WAS DECEDENT OF HISPANO 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+): 2

17. FATHER - NAME first middle last: Joseph Henry Thomas	18. MOTHER - NAME first middle maiden: Jane Bradley	19. INFORMANT - NAME and relationship to deceased: Virginia Thomas Spouse	
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Riggs	21b. LICENSE NUMBER (Of Licensee): CO-3572	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year): NOV 09 1994		24. REGISTRAR'S SIGNATURE: Evelyn Hansen	

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: 5:30 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): Mark Vorley Turpen M.D.

30. DATE SIGNED (Month, Day, Year): November 7, 1994

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Mark Turpen, M.D. 2800 Daggett Avenue Klamath Falls, Oregon 97601

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

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) Alzheimers Disease — Interval between onset and death:
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.

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)

RESERVED FOR REGISTRAR'S USE

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 FEB 07 1996

Edward J. Johnson
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Brandsness & Brandsness the 9th day of April A.D., 19 96 at 9:02 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 9870.

Bernetha G. Letsch, County Clerk

FEE $10.00 Return: Brandsness & Brandsness
411 Pine Street
Klamath Falls, Oregon 97601

By Bernetha G. Letsch

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

35 (LOCAL FILE NUMBER)

146-8 7 05398 (STATE FILE NUMBER)

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEDENT

1 NAME-FIRST, MIDDLE, LAST: Janez F. Perin
2 SEX: Female
3 DEATH DATE (MO DAY YR): Mar.5,1987
4 RACE (WHITE, BLACK, AM IND, ETC (SPECIFY)): White
5 AGE - LAST BIRTHDAY (YRS): 66
6 UNDER 1 YEAR - MOS / DAYS / UNDER 1 DAY - HOURS / MINS:
7 BIRTHDATE (MO DAY YR): Apr.16,1920
8 COUNTY OF DEATH: Pacific
9 CITY, TOWN OR LOCATION OF DEATH: Ocean Park
10 PLACE OF DEATH - (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: (1) HOME (2) CLINIC/TRANSPORT (3) EMERG RM/OUT PT (4) DOSP (5) OTHER HOME (6) OTHER PLACE: Private home on the S. side of Joe Johns Road .2 mi. W. of SR 103
11 RECEIVED EMERGENCY CARE (AMBULANCE, FIRE/TR PARAMED)? YES/NO: Yes
12 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Oregon
13 CITIZEN OF WHAT COUNTRY: U.S.A.
14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced
15 SPOUSE (IF WIFE GIVE MAIDEN NAME): -- / --
16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
17 SOCIAL SECURITY NO: 543-07-2816
18 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Secretary
19 KIND OF BUSINESS OR INDUSTRY: Medical Field
20 RESIDENCE - NUMBER AND STREET: P.O. Box 244
21 CITY/TOWN OR LOCATION: Ocean Park
22 INSIDE CITY LIMITS? (YES/NO): No
23 COUNTY: Pacific
24 STATE: Washington

PARENTS

25 FATHER - NAME FIRST, MIDDLE, LAST: Mark Hathaway
26 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Doris Clark

INFORMANT

27 INFORMANT NAME: William N. Thomas
28 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): 334 Brookside Dr., Eugene, Oregon 97405

DISPOSITION

29 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
30 DATE (MO DAY YR): Mar.8,1987
31 CEMETERY/CREMATORY - NAME: Hughes-Ransom Crematory
32 LOCATION - CITY/TOWN, STATE: Astoria, Oregon
33 FUNERAL DIRECTOR SIGNATURE: X Michael Romanelli
34 NAME OF FACILITY: Benttila's Chapel by the Sea
35 ADDRESS OF FACILITY: Long Beach, Washington

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

36 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X John L. Campiche M.D.
37 DATE SIGNED (MO DAY YR): March 7, 1987
38 HOUR OF DEATH (24 HRS): 1545 hrs.
39 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
40 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): John L. Campiche, MD, P.O. Box 515, Long Beach, Wa. 98631

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
42 DATE SIGNED (MO DAY YR):
43 HOUR OF DEATH (24 HRS):
44 PRONOUNCED DEAD (MO DAY YR):
45 HOUR PRONOUNCED DEAD (24 HRS):

CAUSE OF DEATH

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

46 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)).
(A) Brain & liver metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO, OR AS A CONSEQUENCE OF
(B) Adeno-small cell carcinoma lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF
(C) Tobacco — INTERVAL BETWEEN ONSET AND DEATH:

47 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
48 AUTOPSY? (YES/NO): No
49 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
50 ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (SPECIFY):
51 INJURY DATE (MO DAY YR):
52 HOUR OF INJURY (24 HRS):
53 DESCRIBE HOW INJURY OCCURED:
54 INJURY AT WORK? (YES/NO):
55 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY):
56 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:

57 REGISTRAR SIGNATURE: X Bertha Fairchild mo by Michael Romanelli
58 DATE RECEIVED (MO DAY YR): MAR 7 1987

FOR STATE REGISTRAR USE ONLY

59. ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

'96 APR -9 A9:02

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Brandsness & Brandsness the 9th day of April A.D., 1996 at 9:02 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 9871.

Bernetha G. Letsch, County Clerk

FEE $10.00

Return: Brandsness & Brandsness
411 Pine Street
Klamath Falls, Oregon 97601

By