18764
K-49279

OREGON HEALTH DIVISION M96 Page 15365
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK

079753 I.D. TAG NO.

321 Local File Number

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

136- 90-014959 State File Number

DECEDENT

1 DECEDENT'S NAME: First Edwin; Middle J.; Last BELL
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): August 1, 1990
4 SOCIAL SECURITY NUMBER: 543-05-4134
5a AGE - Last Birthday (Years): 82
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins
6 BIRTHPLACE (City and State or Foreign Country): Breckenridge, MN
7 DATE OF BIRTH (Month, Day, Year): March 24, 1908
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes XX No
9a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER XX Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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, even if retired): Wholesale Store Fixture Distributor
10b KIND OF BUSINESS/INDUSTRY: Store Fixture Manufacturing Sales
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed): Bessie T. Bell
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1935 Portland Street
13e INSIDE CITY LIMITS? XX Yes ☐ No
13f ZIP CODE: 97601
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) XX 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: Edwin - Bell
18 MOTHER - NAME first middle maiden: Alma - Johnson
19 INFORMANT - NAME and relationship to deceased: Bea T. Bell, wife

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Mausoleum XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mike Ott
21b LICENSE NUMBER (Of Licensee): 3287
22 NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601
23 DATE FILED (Month, Day, Year): AUG 2 1990
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES XX NO ☐ N/A
26 WAS GIFT MADE? ☐ YES XX NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 11:05 A. M
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes XX 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): K D Bloo M.D.
30 DATE SIGNED (Month, Day, Year): August 2, 1990

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): Ralph A. Breitenstein, M.D., 2622 Campus Drive, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE 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. Cerebral vascular disease — Interval between onset and death: 6 mo
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 related to cause given in PART I
senile dementia

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

40 MANNER OF DEATH: XX 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

96 MAY 28 P2:47

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: MAY 20 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 28th day of May A.D., 19 96 at 2:47 o'clock PM., and duly recorded in Vol. M96, of Deeds on Page 15365.

FEE $10.00

Bernetha G. Letsch, County Clerk
By