

18832

OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICSVol. 15488  
Page 15488156748  
I.D. TAG NO.  
325OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

94-014937

Local File Number

State File Number

1. DECEDENT'S NAME First: <b>Paul</b> Middle: <b>Robert</b> Last: <b>WILSON</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>July 10, 1994</b>
4. SOCIAL SECURITY NUMBER <b>543-36-1636</b>	5a. AGE Last Birthday (Years) <b>64</b>	5b. Under 1 Year Mos: <b>Days: Hours: Mins:</b>	6. BIRTHPLACE (City and State or Foreign Country) <b>Klamath Agency, OR</b>
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): <b>Motor Home</b>	
9. FACILITY NAME (if not institution, give street and number) <b>Parked Motor Home @ 49555 Highway 62</b>		10. CITY, TOWN, OR LOCATION OF DEATH <b>Chiloquin, Oregon</b>	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Enforcement Officer</b>		12. SPOUSE (if Married, Widowed, Divorced) (Specify) <b>Myona</b>	
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN OR LOCATION <b>Chiloquin</b>	13d. STREET AND NUMBER <b>49555 Highway 62</b>
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. ZIP CODE <b>97624</b>	16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Amr. Indian</b>
18. FATHER - NAME first middle last <b>Robert - Wilson</b>		19. INFORMANT - NAME and relationship to deceased <b>Myona Wilson, wife</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Wilson Cemetery</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>William F. Davenport</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>	
23. DATE FILED (Month, Day, Year) <b>JUL 19 1994</b>		24. REGISTRAR'S SIGNATURE <b>Doreen L. Johnson</b>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
<div style="display: flex; justify-content: space-between;"> <div> <p>27. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)</p> <p>30. DATE SIGNED (Month, Day, Year)</p> </div> <div> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH <b>FOUND M July 16, 1994 17:45 P M</b></p> <p>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) <b>Charles D. Bury</b></p> <p>33. DATE SIGNED (Month, Day, Year) <b>July 18, 1994</b></p> </div> </div>			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Charles D. Bury, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601</b>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
<p>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)</p> <p>PART I (a) <b>Gunshot wound in chest</b></p> <p>Interval between onset and death <b>Seconds</b></p> <p>Due to, or as a consequence of:</p> <p>(b)</p> <p>Interval between onset and death</p> <p>Due to, or as a consequence of:</p> <p>(c)</p> <p>Interval between onset and death</p>			
<p>PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I</p> <p>37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. If YES see findings considered in determining cause of death?</p>			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input checked="" type="checkbox"/> Homicide		<p>41a. DATE OF INJURY (Month, Day, Year) <b>July 10, 94</b></p> <p>41b. TIME OF INJURY <b>03:30 AM</b></p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. DESCRIBE HOW INJURY OCCURRED <b>Another person shot victim in chest with .38 caliber handgun.</b></p>	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Parked Motorhome</b>		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>49555 Highway 62, Chiloquin, OR 97624</b>	

5170

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 22 1996**EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Scott McArthur** the **29th** day of **May** A.D., 19 **96** at **1:28** o'clock **PM.**, and duly recorded in Vol. **M96** of **Deeds** on Page **15488**.

FEE \$10.00

Return: **Spencer**  
**419 Main Street**  
**Klamath Falls, Oregon 97601**By **Bernetha G. Letsch, County Clerk**  
**Cheryl Russell**