19458

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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

'96 JUN -7 P3:48

TYPE OR PRINT IN PERMANENT BLACK INK

068298 I.D. TAG NO.

250 Local File Number

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

138- 90-011977 State File Number

1 DECEDENT'S NAME: First Joseph; Middle Edward; Last IVIE
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): June 17, 1990
4 SOCIAL SECURITY NUMBER: 544/01/0268
5a If Under 1 Year: Age - Last Birthday: 88
5b Under 1 Day: Months / Days
6 BIRTHPLACE (City and State or Foreign Country): Red Top, Mo.
7 DATE OF BIRTH (Month, Day, Year): June 24, 1901
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a PLACE OF DEATH (Check only one): ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not in hospital, give street and number): Merle West Medical 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): Trimmerman
10b KIND OF BUSINESS/INDUSTRY: Sawmill
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12 SPOUSE (If Married, Widowed): Bertha
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: Route 5, Box 1075-A
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97601
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☐ Yes Specify:
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):
17 FATHER - NAME first, middle, last: Thomas Jefferson Ivie
18 MOTHER - NAME first, middle, maiden: Minnie Jane Wells
19 INFORMANT - NAME and relationship to deceased: Bertha Ivie / Wife
20a METHOD OF DISPOSITION: ☒ 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
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James L. Ward
21b LICENSE NUMBER (Or License): 3409
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Klamath Falls, Ore. / 97601, 1945 Main Street
23 DATE FILED (Month, Day, Year): JUN 19 1990
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR AN AUTOPSY OR MEDICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 0700
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)
30 DATE SIGNED (Month, Day, Year): 6/18/90
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon G. McClellar, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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

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

34 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) Arteriosclerotic Cardiovascular Disease — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
PART II 35 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I
36 Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
37 AUTOPSY ☐ Yes ☒ No
38 Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal (Executed)
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY
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

452 REV. 1-88

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: JUN 05 1991

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald Ivie the 7th day of June A.D. 19 96 at 3:48 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 16825.

Bernetha G. Letsch, County Clerk

FEE $10.00

Return: Donald Ivie
5550 Wocus Road
Klamath Falls, Oregon 97601

By