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TYPE OR PRINT IN PERMANENT BLACK INK

198046 I.D. TAG NO.

178 Local File Number

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

136- State File Number

5CJ 3-13-96 JUN 12 11:50 '96

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Frank; Last: WITCRAFT
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 2, 1996
4. SOCIAL SECURITY NUMBER: 541 18 4443
5a. AGE-Last Birthday (Years): 90
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Moore County, MT
7. DATE OF BIRTH (Month, Day, Year): January 18, 1906
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. 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): 42220 Ames Creek
9c. CITY, TOWN, OR LOCATION OF DEATH: Sweet Home
9d. COUNTY OF DEATH: Linn
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Well Drilling
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): widowed
12. SPOUSE (If Married, Widowed): Ruth E.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Linn
13c. CITY, TOWN OR LOCATION: Sweet Home
13d. STREET AND NUMBER: 42220 Ames Creek
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97386
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 middle last: Clyde Alonzo Witcraft
18. MOTHER - NAME first middle maiden: Nella Stapleton
19. INFORMANT - NAME and relationship to deceased: Rebecca Blank; daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Gilliland Cemetery
20c. LOCATION - City or Town, State: Sweet Home, Oregon

PREPARER

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Bruce R. Workman
21b. LICENSE NUMBER (Or Licensee): 3445
22. NAME, ADDRESS AND ZIP OF FACILITY: Workman & Steckly Funeral Chapel 1443 Long St. Sweet Home, Oregon 97386
23. DATE FILED (Month, Day, Year): March 12, 1996
24. REGISTRAR'S SIGNATURE: Rita L. Crawford
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: END 4:50 PM
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): Wm Barish MD
30. DATE SIGNED (Month, Day, Year): March 12, 1996

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): William Barish M.D 325 Park St. Lebanon, OR 97355
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) Acute Myocardial Infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Vascular Disease — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension — 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: Multiple Myeloma

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 ☐ Other ☐ 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

Returns to:
Jon Witcraft
PO Box 878
Chiloquin OR 97624

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/94

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LINN COUNTY REGISTRAR.

DATE ISSUED: March 12, 1996

BENJAMIN BOSBLANDER, M.D.
COUNTY REGISTRAR
LINN COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AmeriTitle the 12th day of June A.D., 19 96 at 11:50 o'clock AM., and duly recorded in Vol. M96, of Deeds on Page 17385.

FEE $10.00

Bernetha G. Letsch, County Clerk
By