96-07-05P03:59 RCVD

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MTC 38334MS

G-4168

I.D. TAG NO. 364

Local File Number

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

136-

State File Number

DECEDENT

1. Decedent's Name (First, Middle, Last): James Emmett SMITH
2. Sex: Male
3. Date of Death: August 6, 1995
4. Social Security Number: 700 18 2409
5a. Age Last Birthday (Years): 77
6. Birthplace: Condon, Oregon
7. Date of Birth: March 12, 1918
8. Was Decedent Ever in U.S. Armed Forces? X Yes
9a. Place of Death: Decedent's Home
9b. Facility Name (if not institution, give street and number): 4033 Shasta Way
9c. City, Town, or Location of Death: Klamath Falls
9d. County of Death: Klamath
10a. Decedent's Usual Occupation: Rancher
10b. Kind of Business/Industry: Ranching
11. Marital Status: Married
12. Spouse: Frances
13a. Residence - State: Oregon
13b. County: Klamath
13c. City, Town or Location: Klamath Falls
13d. Street and Number: 4033 Shasta Way
13e. Inside City Limits? No
13f. Zip Code: 97603
14. Was Decedent of Hispanic Origin? No
15. Race: White
16. Decedent's Education (Elementary/Secondary 0-12): 10

PARENTS

17. Father - Name: Emmett - Smith
18. Mother - Name (First, Middle, Maiden): Emily - Donnelly

19. Informant - Name and relationship to decedent: Frances Smith / Wife

DISPOSITION

20a. Method of Disposition: X Cremation
20b. Place of Disposition: Klamath Cremation Service
20c. Location - City or Town, State: Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such: [signature]
21b. License Number: 3409
22. Name, Address and Zip of Facility: Ward's Klamath Funeral Home, Inc. 1945 Main / Klamath Falls, OR. / 97601

REGISTRAR

23. Date Filed: AUG 09 1995
24. Registrar's Signature: Evelyn Simmons
25. Did Hospital Representative Make Request for Anatomical Gift Consent? X N/A
26. Was Gift Made? X N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. Time of Death: 1745 M
28. Was Medical Examiner Notified? X 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): [signature]
30. Date Signed: 8/11/95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. Time of Death: M
31b. Date Pronounced Dead: 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: COUNTY

34. Name, Title, Address and Zip of Certifier/Medical Examiner: Jon G. Mckellar, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601
35. Name of Attending Physician if Other than Certifier:

CAUSE OF DEATH

36. Part I (a) Immediate Cause: Atherosclerotic Cardio Vascular Disease
Due to, or as a consequence of (b):
Due to, or as a consequence of (c):
Part II Other Significant Conditions: Hidden [illegible] Renal Function
37. Did tobacco use contribute to the death? [illegible]
38. Autopsy: X No
39. If yes were findings considered in determining cause of death:
40. Manner of Death: X Natural
41a. Date of Injury:
41b. Time of Injury: M
41c. Injury at Work? No
41d. Describe How Injury Occurred:
41e. Place of Injury:
41f. Location:

RESERVED FOR REGISTRAR'S USE

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

ORIGINAL VITAL STATISTICS COPY

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED: AUG 23 1995

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 5th day of July A.D., 19 96 at 3:59 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 20083.

Bernetha G. Letsch County Clerk
By [signature]

FEE $10.00

Return: Ameritile