

PART IN
PERMANENT
BLACK INK

168006

I.D. TAG NO.

328

Local File Number

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

136

State File Number

DECEDENT

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6

PARIENT

DISPOSITION

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9

REGISTRAR

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1. DECEDENT'S NAME First: Jack Middle: Wesley Last: PLOURDE		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) July 4, 1996
4. SOCIAL SECURITY NUMBER 542-84-3515		5a. AGE at Last Birthday (Years) 26	5b. Under 1 Year Mo. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) May 12, 1970	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): Highway		9. FACILITY NAME (If not institution, give street and number) Corner Harlan Drive & Saylor	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Forklift Operator		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
14. KIND OF BUSINESS/INDUSTRY Lumber Industry		15. SPOUSE (If Married, Widowed) Michelle Plourde	
16. RESIDENCE - STATE Oregon		17. STREET AND NUMBER 135 Hawthorne	
18. CITY, TOWN OR LOCATION Klamath Falls		19. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
20. ZIP CODE 97601		21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
22. RACE White		23. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 1	
24. FATHER - NAME first middle last Victor Plourde		25. MOTHER - NAME first middle maiden Linda Freeman	
26. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Personal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH James O. Rys		29. LICENSE NUMBER (of license) CO-3572	
30. DATE FILED (Month, Day, Year) JUL 10 1996		31. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT DONATION? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A)		33. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
34. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35. WAS MEDICAL EXAMINER NOTIFIED? M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	36. TIME OF DEATH 3:30 A M	37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) July 4, 1996 3:30 A M
38. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Robert N. Edwards M.D.		39. 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) M.D.	
40. DATE SIGNED (Month, Day, Year) 7-8-96		41. COUNTY Klamath	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards M.D. 4509 South 6th. Street Klamath Falls, Oregon 97603			
43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
44. 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) Electrical Shock & INJURIES DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death None Interval between onset and death 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.		45. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
46. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		47. AUTOPTSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. DATE OF INJURY (Month, Day, Year) 7-4-96	49. TIME OF INJURY 3:30 A M	50. DESCRIBE HOW INJURY OCCURRED Driver of Vehicle hit Power Pole left side of Road	
51. PLACE OF INJURY - At home, farm, street, factory, office, etc. (Specify) Street		52. LOCATION (Street and Number or Rural Route Number, City or Town, State) Harlan Drive & Saylor - Klamath Falls	

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

DATE ISSUED: JUL 10 1996

MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michelle Plourde the 15th day of July A.D., 1996 at 11:16 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 20873.

FEE \$10.00

Return: Michelle Plourde
135 Hawthorne
Klamath Falls, Oregon 97601By Berntha G. Letsch, County Clerk
Cheryl Russell