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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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095552
I.D. TAG NO.

53
Local File Number

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

95-012533
State File Number

AFTER RECORDING RETURN TO: LILLIAN WATAH, P.O. BOX 741, CHILOQUIN, OR. 97624

1. DECEDENT'S NAME: First: James	Middle: Wilson	Last: WATAH	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): May 26, 1995/Found	
4. SOCIAL SECURITY NUMBER: 554 06 3501	5a. AGE-Last Birthday (Years): 24	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Bend, Oregon	7. DATE OF BIRTH (Month, Day, Year): June 24, 1970
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): Found in river			
9b. FACILITY NAME (If not institution, give street and number): Warm Springs River, Highway 8, near Milepost 6.5, Warm Springs	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH: Jefferson			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cement Worker	10b. KIND OF BUSINESS/INDUSTRY: Construction	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married	12. SPOUSE (If Married, Widowed): -		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Chiloquin	13d. STREET AND NUMBER: P.O. Box 471		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97624	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): American Indian	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
17. FATHER - NAME first middle last: Buck Anderson	18. MOTHER - NAME first middle maiden: Lillian Watah	19. INFORMANT - NAME and relationship to deceased: Lillian Watah - Mother			
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Caldwell's Cremation Service	20c. LOCATION - City or Town, State: Portland, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee): #0362	22. NAME, ADDRESS AND ZIP OF FACILITY: Alpine Cremation, 20 NE 14th Ave., Portland, OR 97232			
23. DATE FILED (Month, Day, Year): June 20, 1995		24. REGISTRAR'S SIGNATURE: Judie L. Meier			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: M	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)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: Unknown M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 26, 1995 3:42 P 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): Karen Gunson MD	
33. DATE SIGNED (Month, Day, Year): June 8, 1995	COUNTY: STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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.

		Interval between onset and death
PART I (a)	ASPHYXIATION BY DROWNING	
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☒ Yes ☐ No	☒ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☒ Accident ☐ Undetermined ☐ Suicide ☐ Could not be determined ☐ Homicide ☐ Legal Intervention ☐ Other	Unknown	Unknown M	☐ Yes ☒ No	Driver in car crashed into river

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)
River	Warm Springs River, Warm Springs, OR

RESERVED FOR REGISTRAR'S USE: 4963

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: AUG 28 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 4th day of September A.D., 19 96 at 3:45 o'clock P M., and duly recorded in Vol. M96, of Deeds on Page 27651.

Bernetha G Letsch, County Clerk

FEE $10.00 By