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TYPE OR PRINT IN PERMANENT BLACK INK

224011 I.D. TAG NO.

420 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: James; Middle: Troy; Last: QUALLS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 4, 1996
4. SOCIAL SECURITY NUMBER: 544-42-9739
5a. AGE-Last Birthday (Years): 86
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Hilltop, Arkansas
7. DATE OF BIRTH (Month, Day, Year): August 31, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): Klamath Regional Rehabilitation 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.): Farmer
10b. KIND OF BUSINESS/INDUSTRY: Agricultural Farming
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Leona
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 151 N. Williams #219
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97601
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: John; middle: B.; last: Qualls
18. MOTHER - NAME: first: Susan; middle: -; maiden: Evans
19. INFORMANT - NAME and relationship to deceased: Leona Qualls - wife

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. LICENSE NUMBER (Of Licensee): 3607
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): SEP 05 1996
24. REGISTRAR'S SIGNATURE:
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: 2:45 AM
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): 9/4/96

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): David Dassoff, MD 1905 Main, Klamath Falls, OR 97601
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) Pneumonia — Interval between onset and death: 1 month
DUE TO, OR AS A CONSEQUENCE OF: (b) Asphyxiation — Interval between onset and death: 1 month
DUE TO, OR AS A CONSEQUENCE OF: (c) — 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.

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

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

DATE ISSUED: SEP 05 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF HEALTH OREGON

'96 SEP 12 P2:46

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Leona Qualls the 12th day of September A.D., 1996 at 2:46 o'clock P.M., and duly recorded in Vol. M96 of Deeds on Page 28788.

Bernetha G Letsch, County Clerk

FEE $10.00

Return: Leona Qualls
151 N Williams #219
KFO 97601

By