CERTIFICATION OF VITAL RECORD

37700

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M97 Page 14875

K-50650

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

Type or print in permanent black ink

I.D. Tag No. 379309

Local File Number 357

State File Number 136- 90-012364

1. Decedent's Name (First, Middle, Last): Earnest J. JOHNSTON
2. Sex: Male
3. Date of Death (Month, Day, Year): June 23, 1990
4. Social Security Number: 547-42-0192
5a. Age Last Birthday (Years): 57
6. Birthplace (City and State or Foreign Country): Braggs, Oklahoma
7. Date of Birth (Month, Day, Year): July 18, 1932
8. Was Decedent Ever in U.S. Armed Forces? X Yes
9a. Place of Death: Hospital – X Inpatient
9b. Facility Name: Merle West Medical Center
9c. City, Town, or Location of Death: Klamath Falls
9d. County of Death: Klamath
10a. Decedent's Usual Occupation: Courier Driver
10b. Kind of Business/Industry: Delivery Service
11. Marital Status: Married
12. Spouse: Retha Johnston
13a. Residence – State: Oregon
13b. County: Klamath
13c. City, Town, or Location: Klamath Falls
13d. Street and Number: 5989 Delaware
13f. Zip Code: 97603
14. Was Decedent of Hispanic Origin? X No
15. Race: White
16. Decedent's Education (Elementary/Secondary 0-12): 11
17. Father – Name: Earnest Clyde Johnston
18. Mother – Name (Maiden): Susan Rebecca Anthony
19. Informant – Name and Relationship to Decedent: Retha Johnston Wife
20a. Method of Disposition: Burial
20b. Place of Disposition: Klamath Memorial Park
20c. Location – City or Town, State: Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such: [signature]
21b. License Number: 3287
22. Name, Address and Zip of Facility: O'Hair's Funeral Chapel, 515 Pine Street, Klamath Falls, OR 97601
23. Date Filed (Month, Day, Year): JUN 25 1990
24. Registrar's Signature: [signature]
25. Did Hospital Representative Make Request for Anatomical Gift Consent? X No
26. Was Gift Made? X No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. Time of Death: 10:40 A.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] M.D.
30. Date Signed (Month, Day, Year): June 25, 1990

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. Time of Death:
31b. Date Pronounced Dead (Month, Day, Year, Hour):
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: Edward T. Mc Clure M.D. 2301 Clairmont Street Klamath Falls, Oregon 97601
35. Name of Attending Physician if Other Than Certifier:

36. Part I. Immediate Cause:
(a) Hemorrhage
Due to, or as a consequence of:
(b) Cancer of esophagus
Due to, or as a consequence of:
(c)
Part II. Other Significant Conditions:

37. Did tobacco use contribute to the death? Unk
38. Autopsy: No
40. Manner of Death: Natural

Received for Registrar's Use

Coding (margin): 1. 01; 2. 01; 3. 357; 4. 410; 7. 01; 8. 11; 11. 1; 12. 1509

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

'97 MAY 15 AM 10:55

Return – Klamath Co. Title – Federal, 2300 Madison, Klamath Falls, OR 97603

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: MAY 07 1997

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON : COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 15th day of May A.D., 19 97 at 10:55 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 14875.

Bernetha G. Letsch, County Clerk

FEE $10.00

by [signature]