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PRINT IN PERMANENT BLACK INK

G-8364 I.D. TAG NO.
143 Local File Number

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

136- State File Number

1. DECEDENT'S NAME: First: Henry | Middle: LeeRoy | Last: BIRCH
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 26, 1995
4. SOCIAL SECURITY NUMBER: 573-40-1996
5a. AGE-Last Birthday (Years): 62
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA
7. DATE OF BIRTH (Month, Day, Year): July 22, 1932
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8c. FACILITY NAME (If not institution, give street and number): Highway 97 North, Milepost 185
8d. CITY, TOWN, OR LOCATION OF DEATH: Crescent
8e. COUNTY OF DEATH: Klamath
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired): Mill Worker
9b. KIND OF BUSINESS/INDUSTRY: Timber Industry
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
11. SPOUSE (If Married, Widowed): Janette S. Birch
12a. RESIDENCE - STATE: Oregon
12b. COUNTY: Klamath
12c. CITY, TOWN OR LOCATION: Crescent
12d. STREET AND NUMBER: Highway 97 North Milepost 185
12e. INSIDE CITY LIMITS? ☒ Yes ☐ No
12f. ZIP CODE: 97733
13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
14. RACE - American Indian, Black (White, etc. (Specify): White
15. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+):
16. FATHER - NAME first middle last: John Henry Birch
17. MOTHER - NAME first middle maiden: Alyda Marie Hayenga
18. INFORMANT - NAME and relationship to deceased: Janette S. Birch, wife
19a. METHOD OF DISPOSITION: ☐ Interment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Oregon Cremation Association
19c. LOCATION - City or Town, State: Bend, Oregon
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Kyle D. Dow
20b. LICENSE NUMBER (Or Licensee): 5573
21. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 NW Irving, Bend, OR 97701
22. REGISTRAR'S SIGNATURE: Evelyn Simmons
23. DATE FILED (Month, Day, Year): MAR 29 1995
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A
25. WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

26. TIME OF DEATH: 12:35 A M
27. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Robert W. Baker MD
29. DATE SIGNED (Month, Day, Year): March 26, 1995
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Keith W. Barlean, M.D. 1310 NE Medical Center Dr., Bend, OR 97701
31. NAME OF ATTENDING PHYSICIAN (If other than certifier): H. Keith Barlean MD

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

32a. TIME OF DEATH M
32b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
33. 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)
34. DATE SIGNED (Month, Day, Year)
COUNTY

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

35. 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): Lung Cancer — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF (b): Cancer Colon — Interval between onset and death: 6 months
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: Metastasis
36. Did tobacco use contribute to the cause? ☐ Yes ☐ Probably ☐ No ☐ Unknown
37. AUTOPSY ☐ Yes ☒ No
38. If YES was autopsy examination in determining cause of death? ☐ Yes ☐ No ☐ N/A
39. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Could not be determined ☐ Legal Intervention
40a. DATE OF INJURY (Month, Day, Year)
40b. TIME OF INJURY M
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. DESCRIBE HOW INJURY OCCURRED: FOR VETERAN'S
40e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
40f. LOCATION (Street and Number or Rural Route Number, City or Town, State): CLAIM USE

RESERVED FOR REGISTRAR'S USE

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ONLY

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: MAR 29 1995

Janet Bailey-Sober
JANET BAILEY-SOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Henry LeeRoy Birch the 21st day of May A.D., 19 97 at 11:22 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 15556

Return: Janette S. Birch
52162 N. Hwy 97
Crescent, Or. 97733

Bernetha G. Letsch, County Clerk
by Kathleen Rose

FEE $10.00