AFTER RECORDING RETURN TO: Klamath County Title Co. 422 Main St. Klamath Falls, OR 97601

'97 MAY 30 P3:30

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

95-010678

1a. DECEDENT'S NAME: First: Hester; Middle: Zoe; Last: CALDWELL
1b. SEX: Male
1c. DATE OF DEATH (Month, Day, Year): May 9, 1995
2. SOCIAL SECURITY NUMBER: 152-24-4000
3. AGE (Last Birthday): 72
4a. UNDER 1 YEAR: Months
4b. UNDER 1 DAY: Hours
5. DATE OF BIRTH (Month, Day, Year): April 1, 1923
6a. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
6b. PLACE OF BIRTH (City and State or Foreign Country): Weiser, Idaho
7a. FACILITY NAME (If not institution, give street and number): 5504 American Avenue
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. COUNTY OF DEATH: Klamath
8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Roofer
8b. KIND OF BUSINESS/INDUSTRY: Construction
9. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Separated: Married
10. SPOUSE (If Married, Widowed): Dorothy Caldwell
11a. RESIDENCE - STATE: Oregon
11b. COUNTY: Klamath
11c. CITY, TOWN, OR LOCATION: Klamath Falls
11d. STREET AND NUMBER: 5504 American Avenue
11e. INSIDE CITY LIMITS? (Yes/No): Yes
11f. ZIP CODE: 97603
12a. RACE - White, Black, Asian, Amer. Indian, etc. (Specify): White
12b. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12) / College (1-4 or 5+): 8
13. FATHER - NAME: First, Middle, Last: William - Caldwell
14. MOTHER - NAME: First, Middle, Maiden: Myrtle - Riggs
15. INFORMANT - NAME and relationship to deceased: Hester Caldwell - Self
16. METHOD OF DISPOSITION: Burial
17. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
18. LOCATION - City or Town, State: Klamath Falls, Oregon
19a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
19b. LICENSE NUMBER (If licensee): 3886
19c. NAME AND TYPE OF FACILITY: Eternal Hills Funeral Home
19d. Address: 3711 Shasta Way Klamath Falls, OR. 97603
20. DATE FILED (Month, Day, Year): MAY 10 1995
21. SIGNATURE: [signature]
22. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes / No / Unknown
23. TIME OF DEATH: 9:54 p.m.
24. WAS MEDICAL EXAMINER NOTIFIED? Yes / No
25. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature, Title): [signature] M.D.
26. DATE SIGNED (Month, Day, Year): 5/10/95
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Jon G. McKellar, M.D. 3580 Clairmont Drive Klamath Falls, Oregon 97601
28. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print):
29. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).) PART I: (a) CO PD
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
(d) DUE TO, OR AS A CONSEQUENCE OF:
(e)
PART II: OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I: CHF / HYPOXIA
30. MANNER OF DEATH: Natural / Accident / Suicide / Homicide / Pending Investigation / Could not be determined / Other
31. DATE OF INJURY (Month, Day, Year)
32. TIME OF INJURY
33. DESCRIBE HOW INJURY OCCURRED
34. IF TRANSPORTATION INJURY, SPECIFY: Driver / Passenger / Pedestrian / Other
35. AUTOPSY: Yes / No
36. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes / No
37. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) (Specify)
38. LOCATION - Street and Number or Rural Route Number, City or Town, State
39. REGISTRAR FILE NUMBER

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 27 1997

EDWARD D. JOHNSON
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 30th day of May A.D., 19 97 at 3:30 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 16656

FEE $10.00

Bernetha G. Leisch, County Clerk
By Kathleen Rose