CERTIFICATION OF VITAL RECORD

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PRINT IN PERMANENT BLACK INK

167870 I.D. TAG NO.

551 Local File Number

K-50809

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

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First John; Middle Lewis; Last JONES
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 13, 1995
4. SOCIAL SECURITY NUMBER: 540-32-7960
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Koshkonong, MO
7. DATE OF BIRTH (Month, Day, Year): January 17, 1920
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)
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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.): Superintendent Department
10b. KIND OF BUSINESS/INDUSTRY: City Government
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): M. Virginia Jones
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1931 Painter Street
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
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENT

17. FATHER - NAME first middle last: Charles J. Jones
18. MOTHER - NAME first middle maiden: Lora Bell Jones
19. INFORMANT - NAME and relationship to deceased: M. Virginia Jones - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Scenic Hills Memorial Park
20c. LOCATION - City or Town, State: Ashland, Oregon

FUNERAL

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Riggs
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 15 1995
24. REGISTRAR'S SIGNATURE: Janet Bailey-Gober

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: 2:00 A 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): Dale McDowell M.D.
30. DATE SIGNED (Month, Day, Year): 9/14/95

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): Dale S. McDowell 2600 Campus Drive Klamath Falls, Oregon 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) CONGESTIVE HEART FAILURE — Interval between onset and death: 3 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(b) PRIOR MYOCARDIAL INFARCTION — Interval between onset and death: 20 YRS
DUE TO, OR AS A CONSEQUENCE OF:
(c) CORONARY ATHEROSCLEROSIS — Interval between onset and death: 20 YEARS

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 ☐ 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

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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: SEP 15 1995

Janet Bailey-Gober
JANET BAILEY-GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON COUNTY DEPARTMENT OF HEALTH KLAMATH COUNTY OREGON

RETURN Klamath First Federal
540 Main St.
Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 12th day of June A.D., 19 97 at 3:09 o'clock P. M., and duly recorded in Vol. M97, of Deeds on Page 18129.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Knox