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CERTIFICATION OF VITAL RECORD

AFE 03016288

PERMANENT BLACK INK

217600 I.D. TAG NO.

565 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 / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Hilaire	Joseph	GINESTAR	Male	December 15, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Minutes	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
217-50-8960	68			Rabat, Morrocco	April 15, 1928

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)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
17430 South Poe Valley Road	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Diesel Mechanic	Weyco Timber Company	Married	Martha D.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	17430 South Poe Valley Road

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	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)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	97603		White		2

17. FATHER - NAME (first, middle, last)	18. MOTHER - NAME (first, middle, maiden)	19. INFORMANT - NAME and relationship to deceased
Joseph - Ginestar	Marie - Sala	Martha Ginestar, wife

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Bedfield Cemetery	Poe Valley, OR 97603

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Jillian F. Davenport	CO-3104	Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): DEC 17 1996

24. REGISTRAR'S SIGNATURE: Evelyn Simpson

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1825 P/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)

30. DATE SIGNED (Month, Day, Year): December 16, 1996

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: ____ A/M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): ____ A/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): Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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.

		Interval between onset and death
PART I (a)	[illegible] Cold Contusions	Weeks
(b) DUE TO, OR AS A CONSEQUENCE OF:	[illegible]	Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		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?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☒ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending investigation ☐ Undetermined Manner ☐ Legal intervention		A/M	☐ Yes ☒ No	

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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DATE ISSUED: DEC 17 1996

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OF OREGON

'97 JUN 25 A10:41

STATE OF OREGON: COUNTY OF KLAMATH : ss.