40072 Vol. M97 Page 19959

USE BLACK INK

217692 I.D. TAG NO.

298 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: Daniel	Middle: Wade	Last: POWELL	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 6, 1997
4. SOCIAL SECURITY NUMBER: 543-28-6759	5a. AGE-Last Birthday (Years): 68	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Keno, Oregon	7. DATE OF BIRTH (Month, Day, Year): April 8, 1929

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): 2307 Lindley Way

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.): Switchman

10b. KIND OF BUSINESS/INDUSTRY: Burlington Northern Railroad

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Sharon

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 2307 Lindley Way

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 Specify:

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

17. FATHER - NAME first middle last: Ell Vires Powell

18. MOTHER - NAME first middle maiden: Lillie - Davis

19. INFORMANT - NAME and relationship to deceased: Sharon Powell, wife

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Simonsen Crematory

20c. LOCATION - City or Town, State: Ashland, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Leon A. Davenport

21b. LICENSE NUMBER (Of Licensee): FD-0124

22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth St Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): JUN 10 1997

24. REGISTRAR'S SIGNATURE: Evelyn Simonsen

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

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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):

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Buggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: Found M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 6, 1997 15:30 P 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) James N. Buggs MD

33. DATE SIGNED (Month, Day, Year): June 9, 1997

COUNTY: Klamath

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

CAUSE OF DEATH

PART I
(a) Massive Internal Injuries — Interval between onset and death: Seconds
DUE TO, OR AS A CONSEQUENCE OF:
(b) Shotgun discharge at point blank range — Interval between onset and death: Seconds
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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. Parkinsons Disease

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 ☐ Pending Investigation ☒ Accident ☐ Undetermined ☐ Suicide ☐ Manner ☐ Homicide ☐ Legal Intervention ☐ Other

41a. DATE OF INJURY (Month, Day, Year): 06/06/1997

41b. TIME OF INJURY: unknown M

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED: 12 Guage Shotgun discharged due to mishandling.

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Workshop

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 2307 Lindley Way, Klamath Falls, OR 97601

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JUN 10 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon Powell the 26th day of June A.D., 19 97 at 10:50 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 19958.

Return: Sharon Powell
2307 Lindley Way
KFO 97601

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Beer