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CERTIFICATION OF VITAL RECORD

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

I.D. TAG NO. 094364 — 136- — State File Number

Local File Number

1. DECEDENT'S NAME: First Joe; Middle Wong; Last CHIN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 21, 1992
4. SOCIAL SECURITY NUMBER: 562-50-3059
5a. AGE-Last Birthday (Years): 64
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Fallon, Nevada
7. DATE OF BIRTH (Month, Day, Year): July 8, 1927
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
8b. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Rogue Valley Medical Center
8d. CITY, TOWN, OR LOCATION OF DEATH: Medford
8e. COUNTY OF DEATH: Jackson
9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Farmer
9b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Mary A. Chin
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 22770 Malone Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97623
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): Asian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 1
17. FATHER - NAME first middle last: Sam Wong Chin
18. MOTHER - NAME first middle maiden: Suei Shee Fong
19. INFORMANT - NAME and relationship to deceased: Mary A. Chin Spouse
20a. METHOD OF DISPOSITION: ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify); ☒ Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael Ole
21b. LICENSE NUMBER (If Licensed): 47-3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, INC. 515 Pine ST. Klamath Falls, OR 97601
22. DATE FILED (Month, Day, Year): MAR 3 1 1992
24. REGISTRAR'S SIGNATURE: Selia Colonis
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: 2:30 PM
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): M.D.
30. DATE SIGNED (Month, Day, Year): 3/25/92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
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): Dean P. Ranlele M.D. 555 Black Oak Drive Medford, Oregon 97504
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.
PART I (a) Sepsis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Pneumococcal Pneumonia — Interval between onset and death: 10 weeks
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: Liver, Renal Failure, Cholecystitis
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
41c. INJURY AT WORK? ☐ Yes ☒ No
42. DESCRIBE HOW INJURY OCCURRED
41a. 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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'97 JUL 14 P3:24

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

DATE ISSUED: MAR 3 1 1992

Harry Collins Jr.
HARRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rose, Munns, & Chin the 14th day of July A.D., 19 97 at 3:24 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 21978

Return: Rose, Munns & Chin
1014 Park Pl.
Coronado, Ca. 92118

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Rose