61500

Vol. M98 Page 23711

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION

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

LD-TAG No. 253652
Local File Number 2521
135- State File Number

DECEDENT'S NAME: 1. First: Ronald; Middle: Dean; Last: JOHNSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 20, 1998
4. SOCIAL SECURITY NUMBER: 543-34-2263
5a. AGE-Last Birthday (Years): 63
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year): August 27, 1934
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
8a. PLACE OF DEATH (Check only one): OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical 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.): Switchman
10b. KIND OF BUSINESS/INDUSTRY: Southern Pacific Railroad
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Teresa H.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5734 Homedale Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other - Specify) ☒ No ☐ Yes
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+): 1

PARENTS

17. FATHER - NAME first middle last: Harrison Sidney Johnson
18. MOTHER - NAME first middle maiden: Pansy Velora Golden
19. INFORMANT - NAME and relationship to deceased: Teresa Johnson, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Maus.
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, OR 97603

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William L. Robertson
21b. LICENSE NO. (If Licensee): F.D. 3104
21c. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): MAY 26 1998
STATE REGISTRAR'S SIGNATURE: Edward J. Johnson II
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 2102 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
31a. TIME OF DEATH: 2102 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): May 20, 1998 2102 P M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
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): Charles D. Bury
30. DATE SIGNED (Month, Day, Year)
33. DATE BURIED (Month, Day, Year): May 26, 1998
COUNTY: Klamath
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, MD, ME, 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

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE)
PART I (a) Gunshot wound to head — Interval between onset and death: hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
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.
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 ☐ Other
41a. DATE OF INJURY (Month, Day, Year): 05/20/1998
41b. TIME OF INJURY: 1030AM
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Self inflicted 38 caliber handgun wound to right temple.
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): Home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 5734 Homedale Rd., K.F., OR 97603

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF RED COPY

RESERVED FOR REGISTRAR'S USE

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.

ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: MAY 26 1998

EDWARD J. JOHNSON II
STATE REGISTRAR

JUL -6 P2:25 '98

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Teresa Johnson the 6th day of July A.D., 19 98 at 2:25 o'clock P. M., and duly recorded in Vol. M98, of Deeds on Page 23711.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Ross