

## CERTIFICATION OF VITAL RECORD

## OREGON HEALTH DIVISION

CENTER FOR PUBLIC HEALTH STATISTICS

CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

H-15096 I.D. TAG NO. <b>303</b>		136- State File Number	
1. DECEDENT'S NAME First: <b>Carrol</b> Middle: <b>Bruce</b> Last: <b>HOWE</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>June 21, 1998</b>
4. SOCIAL SECURITY NUMBER <b>542-38-9295</b>	5a. AGE-Last Birthday (Years) <b>87</b>	5b. Under 1 Year <b>Mos</b>	5c. Under 1 Day <b>Hours</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>Brownsville, Oregon</b>		7. DATE OF BIRTH (Month, Day, Year) <b>September 25, 1910</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10a. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		10b. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10c. COUNTY OF DEATH <b>Klamath</b>		10d. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Educator</b>	
10e. KIND OF BUSINESS/INDUSTRY <b>Public School System</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12. SPOUSE (If Married, Widowed) <b>Marjorie</b>		13a. RESIDENCE - STATE <b>Oregon</b>	
13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>	
13d. STREET AND NUMBER <b>2130 N. Eldorado</b>		13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13f. ZIP CODE <b>97601</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College (1-4 or 5+)</b>	
17. BIRTH NAME first middle last <b>Bernard John Howe</b>		18. MOTHER - NAME first middle maiden <b>Lillian - Bruce</b>	
19. INFORMANT - NAME and relationship to deceased <b>George Howe - son</b>		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pyramid Cremations</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>3607</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</b>		23. DATE FILED (Month, Day, Year) <b>JUN 23 1998</b>	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. RESERVED FOR REGISTRAR'S USE	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>1620</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <b>6-23-98</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Kenneth L Tuttle, MD 2850 Daggett, Klamath Falls, OR 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. PART I			
(a) <b>Cardiorespiratory arrest</b>		Interval between onset and death <b>4 min</b>	
(b) <b>Metastatic pancreatic cancer</b>		Interval between onset and death <b>3 months</b>	
(c) <b>Obstructive jaundice</b>		Interval between onset and death <b>3 weeks</b>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Post op cholecystectomy</b>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. # YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			

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.

DATE ISSUED **JUN 23 1998**EDWARD J. JOHNSON II  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of George Howe 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 23712.

FEE \$10.00

Return: George Howe

512 N. 65th

Seattle, Wa. 98103

By Bernetha G. Leisch, County Clerk