CERTIFICATION OF VITAL RECORD

64015 MC 4531-KC

PERMANENT RECORD INK 256350

I.D. TAG NO. 475

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

Vol. M98 Page 28829

Local File Number 138

State File Number

1. DECEDENT'S NAME: First: Robert; Middle: Benjamin; Last: BRYANT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 6, 1997
4. SOCIAL SECURITY NUMBER: 549-07-6853
5a. AGE-Last Birthday (Years): 71
5b. If Under 1 Year: Mos. / Days
5c. If Under 24 Hours: Hours / Mins.
6. BIRTHPLACE (City & State or Foreign Country): Riverside, CA
7. DATE OF BIRTH (Month, Day, Year): December 5, 1926
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 4111 Meadows Drive
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): Printer
10b. KIND OF BUSINESS/INDUSTRY: Self Employed
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Hope Bryant
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4111 Meadows Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): 9; College (1-4 or 5+):
17. FATHER - NAME: first: James; middle: Henry; last: Bryant
18. MOTHER - NAME: first: Delia; middle: Z.; last: Vedaniel
19. INFORMANT - NAME and relationship to deceased: Hope Bryant (Wife)
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sterncl Hills Memorial Garden
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Irene Sorell
21b. LICENSE NUMBER (Or License): AE 2823
22. NAME, ADDRESS AND ZIP OF FACILITY: Sternel Hills Funeral Home, 4711 HWY. 39, Klamath Falls OR. 97603
23. DATE FILED (Month, Day, Year): SEP 12 1997
24. REGISTRAR'S SIGNATURE: Lisa Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A; WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1300 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): Saul Silverman M.D.
30. DATE SIGNED (Month, Day, Year): 9.11.97
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): Saul Silverman M.D. 2510 Vanken Rd, Klamath Falls OR.
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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

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).)
PART I (a) Moderate - Poorly differentiated squamous cell Carcinoma of right lower lobe lung. Interval between onset and death: 3 Months
DUE TO, OR AS A CONSEQUENCE OF: (b) Complete collapse of Lung function. 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 (Pending) ☒ No
39. Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ 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 R.F.D. Route Number, City or Town, State):

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: SEP 12 1997

Darlene Blevins
DARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

AUG -6 A11:42 '98

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Amerititle the 6th day of August A.D., 19 98 at 11:12 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 28829.

FEE $10.00

By Kathleen Goes

Bernetha C. Letsch, County Clerk