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

State File Number

1. DECEDENT'S NAME: Manuel Anthony Fernandez Jr.
2. DATE OF DEATH: November 4, 1997
3. SOCIAL SECURITY NUMBER: 541-82-5208
4. SEX: Male
5. DATE OF BIRTH: February 29, 1968
6. PLACE OF DEATH: Highway 62 M.P. 41.9
7. COUNTY OF DEATH: Douglas
8. DECEDENT'S USUAL OCCUPATION: Professional Driver
9. KIND OF BUSINESS: Product Trucking
10. MARITAL STATUS: Married
11. SPOUSE: Dixie Fernandez
12. RESIDENCE STATE: Oregon
13. COUNTY: Douglas
14. CITY OR TOWN: Winston
15. STREET ADDRESS: 291 S.W. Ford Street
16. INSIDE CITY LIMITS? Yes
17. ZIP CODE: 97496
18. DECEDENT'S EDUCATION: 11
19. FATHER'S NAME: Manuel Anthony Fernandez
20. MOTHER'S NAME: Julia Katherine Heffer
21. INFORMANT: Dixie Fernandez - wife
22. METHOD OF DISPOSITION: Burial
23. PLACE OF DISPOSITION: Steiwal Hill Cemetery
24. LOCATION: City or Town, State: Klamath Falls, Oregon
25. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: License 3384
26. NAME AND ADDRESS OF FACILITY: Taylor's Family Mortuary P.O. Box 58 Winston, Oregon 97496
27. DATE FILED: NOV 10 1997
28. DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No
29. ANATOMICAL GIFTS MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

30. TIME OF DEATH: 48 hr
31. WAS MEDICAL EXAMINER NOTIFIED? No
32. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED: (Month, Day, Year)
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: James N. Olson 1505 N.W. Washington Grants Pass, Oregon 97526
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

36. DATE PRONOUNCED DEAD: November 4, 1997 at 4:48 p.m.
37. 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) Gerald N. Olson MD
38. DATE SIGNED: 11-6-97
39. COUNTY: Douglas

40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PARTS I AND II.)
PART I
a. Severe Blunt Head, Chest and Pelvic Injuries — Interval between onset and death: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
b. Single Motor Vehicle Accident (Trailer Rig) — Interval between onset and death: Immediate
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.
41. AUTOPSY? Yes
42. WERE ANOMALIES CONSIDERED IN DETERMINING CAUSE OF DEATH? No
43. MANNER OF DEATH: Accident
44. DATE OF INJURY: 11-4-97
45. TIME OF INJURY: 4:48 p.m.
46. PLACE OF INJURY: Outside Klamath Falls
47. DESCRIBE HOW INJURY OCCURRED: Driver of Trailer Rig was going too fast at a curve and lost control of the rig and flipped onto its side.
48. LOCATION: Street and Number or Rural Route Number, City or Town, State: Hwy 62 M.P. 41.9, Canal Valley, OR.

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

DATE ISSUED: NOV 10 1997

Donna Clarke
DONNA CLARKE
COUNTY REGISTRAR
DOUGLAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 11th day of August A.D., 19 98 at 11:38 o'clock AM., and duly recorded in Vol. M98, of Deeds on Page 29403

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ryan