CERTIFICATION OF VITAL RECORD

98 DEC -9 P3:55

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PERMANENT BLACK INK

265054 I.D. TAG NO.

530 Local File Number

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

136- State File Number

1. DECEDENT'S NAME: First: Edward	Middle: Paul	Last: EVANS	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): November 11, 1998	
4. SOCIAL SECURITY NUMBER: 552-14-1442	5a. AGE-Last Birthday (Years): 82	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): London, Kentucky	7. DATE OF BIRTH (Month, Day, Year): April 2, 1916

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 1920 Homedale

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.): Crounds Keeper	10b. KIND OF BUSINESS/INDUSTRY: O.I.T.	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Velma Noble

13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 1920 Homedale	
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): 10 / College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Walter - Evans

18. MOTHER - NAME first middle maiden: Nora - Johnson

19. INFORMANT - NAME and relationship to deceased: Velma Evans - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster

21b. OREGON LICENSE NO. (Of Licensee): 3224

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 HWY. 39, Klamath Falls, OR

REGISTRAR

23. DATE FILED (Month, Day, Year): NOV 12 1998

24. REGISTRAR'S SIGNATURE: Emily D. Simpson

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

27. TIME OF DEATH: 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): John Kleeman

30. DATE SIGNED (Month, Day, Year): 11/12/98

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John Kleeman M.D. 1300 Main Street, 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

36. PART I (a) COPD	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(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 ☐ 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 Rural 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: NOV 18 1998

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Velma Evans the 9th day of Dec A.D., 19 98 at 3:55 o'clock P M., and duly recorded in Vol. M98, of Deeds on Page 45081.

Bernetha G. Letsch, County Clerk

FEE $10.00

Ret: Velma Evans
1920 Homedale
K.Falls 97603

By Kathleen Ross