CERTIFICATION OF VITAL RECORD

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PRINT OR TYPE IN PERMANENT BLACK INK

H20704
ID TAG NO

224
Local File Number

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

136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Harold; Middle: Lloyd; Last: FISHER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 23, 1999
4. SOCIAL SECURITY NUMBER: 544-20-4228
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Hoquiam, WA
7. DATE OF BIRTH (Month, Day, Year): June 18, 1926
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): 2934 Summers Ln #13
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.): Bus Driver
10b. KIND OF BUSINESS/INDUSTRY: Transportation
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jane
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2934 Summers Ln #13
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: Joseph H. Fisher
18. MOTHER - NAME first middle maiden: Ethel Naomi Smith
19. INFORMANT - NAME and relationship to deceased: Jane Fisher - wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pyramid Cremations
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. OREGON LICENSE NO (Of Licensee): 3607
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): APR 26 1999
24. REGISTRAR'S SIGNATURE: Evelyn Simonson

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH:
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):
30. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): April 23, 1999 0200hr
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): Robert N. Edwards MD
33. DATE SIGNED (Month, Day, Year):
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert N. Edwards, MD 4509 S 6th #311, Klamath Falls, OR 97603
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. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest

PART I
(a) Undetermined Natural Causes — Interval between onset and death:
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:

SURGERY

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: COPD; bronchitis

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY: ☐ Yes ☒ No
39. Was autopsy 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:
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: APR 26 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH · KLAMATH · OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

20796

State of Oregon, County of Klamath
Recorded 5/25/99, at 2:48 p.m.
In Vol. M99 Page 20795
Linda Smith, County Clerk
Fee $ 10-
Linda Smith

029680