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10 TAG NO224
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <u>Harold</u> Middle: <u>Lloyd</u> Last: <u>FISHER</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 23, 1999</u>
4. SOCIAL SECURITY NUMBER <u>544-20-4228</u>	5a. AGE-Last Birthday (Years) <u>72</u>	5b. Under 1 Year Mos: <u> </u> Days: <u> </u> Hours: <u> </u> Mins: <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Hogiam, WA</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		7. DATE OF BIRTH (Month, Day, Year) <u>June 18, 1926</u>	
9a. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ OTHER ☒ Nursing Home ☒ Decedent's Home ☐ Other (Specify)		9b. COUNTY OF DEATH <u>Klamath</u>	
10. FACILITY NAME (If not Institution, give street and number) <u>2934 Summers Ln #13</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
11a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Bus Driver</u>	11b. KIND OF BUSINESS/INDUSTRY <u>Transportation</u>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	12. SPOUSE (If Married, Widowed) <u>Jane</u>
13a. RESIDENCE - STATE <u>Oregon</u>	13b. COUNTY <u>Klamath</u>	13c. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	13d. STREET AND NUMBER <u>2934 Summers Ln #13</u>
13e. RESIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE <u>97603</u>	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) <u>White</u>
17. FATHER - NAME first middle last <u>Joseph H. Fisher</u>		18. MOTHER - NAME first middle maiden <u>Ethel Naomi Smith</u>	
19. INFORMANT - NAME and relationship to deceased <u>Jane Fisher - wife</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>10</u> Elementary/Secondary (10-12) College (14 or 5+)	
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Pyramid Cremations</u>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING INSTEAD <u>[Signature]</u>		21b. OREGON LICENSE NO. (Of Licensee) <u>3607</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601</u>		23. DATE FILED (Month, Day, Year) <u>APR 26 1999</u>	
24. REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <u> </u>	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH <u> </u>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>April 23, 1999 0200hr</u>
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		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) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u> </u>		33. DATE SIGNED (Month, Day, Year) <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Robert N. Edwards, MD 4509 S 6th #311, Klamath Falls, OR 97603</u>			
35. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) <u> </u>			
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)		37. Did tobacco use contribute to the death? ☐ Yes ☒ No	
PART I (a) <u>Undetermined Natural Causes</u> DUE TO, OR AS A CONSEQUENCE OF		38. AUTOPSY ☐ Yes ☒ No	
(b) <u> </u> DUE TO, OR AS A CONSEQUENCE OF		39. IF YES, were findings consistent in determining cause or death? ☐ Yes ☒ No	
(c) <u> </u> DUE TO, OR AS A CONSEQUENCE OF		40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <u>COPD; bronchitis</u>		41. DESCRIBE HOW INJURY OCCURRED <u> </u>	
42. DATE OF INJURY (Month, Day, Year) <u> </u>		43. TIME OF INJURY <u> </u>	
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		45. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

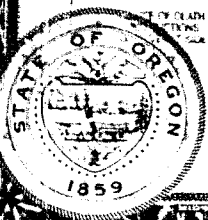
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Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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

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