

CERTIFICATION OF VITAL RECORD

Vol. 1999 Page 21270

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

H-20736
ID TAG NO.
264
Local File Number

State File Number

1. DECEASED'S NAME First: Robert Middle: Dolan Last: BOIVIN		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 8, 1999
4. SOCIAL SECURITY NUMBER 544-38-8070	5a. AGE-Last Birthday (Years) 62	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Portland, Oregon		7. DATE OF BIRTH (Month, Day, Year) March 4, 1937	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. COUNTY OF DEATH Klamath	
9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Divorced	
10a. KIND OF BUSINESS/INDUSTRY Self-employed		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
12a. DECEASED'S USUAL OCCUPATION (If no kind of work done during most of working life, use code, use nearest) Attorney		13d. STREET AND NUMBER 612 Conger Avenue	
12b. RESIDENCE - STATE Oregon		13c. CITY, TOWN OR LOCATION Klamath Falls	
13a. ZIP CODE 97601		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEASED'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+) 5+	
17. FATHER - NAME first middle last Harry Dolan Boivin		18. MOTHER - NAME first middle maiden Kathleen Boivin, sister	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State Pyramid Cremations		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Claudia L. Ward		21b. OREGON LICENSE NO. (Of Licensee) 0419	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601		24. REGISTRAR'S SIGNATURE Eugene Simmons	
23. DATE FILED (Month, Day, Year) MAY 12 1999			

RESERVED FOR REGISTRAR'S USE

27. TIME OF DEATH 1358 M		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) George Kubac, M.D., 2600 Campus Dr., Klamath Falls, Oregon 97601			
30. DATE SIGNED (Month, Day, Year) 5-10-99			
31. TIME OF DEATH M			
32. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
33. 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)			
34. DATE SIGNED (Month, Day, Year) COUNTY			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. PART 1 (a) ISCHEMIC HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF: HYPERLIPIDEMIA (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	
41b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41c. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

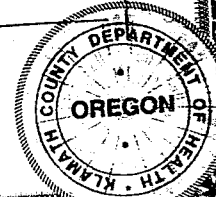
MAY 12 1999

DATE ISSUED

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Return: Chris Boivin
1279 Buck Island Dr. KFO 97601



21271

State of Oregon, County of Klamath
Recorded 5/28/99, at 1:02 p.m.
In Vol. M99 Page 21270
Linda Smith, County Clerk
Fee \$ 15

Linda Smith

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