CERTIFICATION OF VITAL RECORD

Vol M98 Page 616

K54101V

PERMANENT BLACK INK

253716
ID TAG NO

481
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: Robert | Middle: William | Last: DOUGAN
2 SEX: Male
3 DATE OF DEATH (Month, Day, Year): October 7, 1998
4 SOCIAL SECURITY NUMBER: 560-24-0621
5a AGE-Last Birthday (Years): 78
5b Under 1 Year: Days
5c Under 1 Day: Hours / Mins
6 BIRTHPLACE (City and State or Foreign Country): Point Reyes, CA
7 DATE OF BIRTH (Month, Day, Year): March 15, 1920
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): 11886 East Langell Valley Road
9c CITY, TOWN, OR LOCATION OF DEATH: Bonanza
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Dairyman/Rancher
10b KIND OF BUSINESS/INDUSTRY: Agriculture
11 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widow(er)): Dorothy
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Bonanza
13d STREET AND NUMBER: 11886 E. Langell Valley Road
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97623
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): 8 | College (1-4 or 5+):

PARENTS

17 FATHER - NAME first middle last: William - Dougan
18 MOTHER - NAME first middle maiden: Sarah Margaret Nesbitt
19 INFORMANT - NAME and relationship to deceased: Dorothy A. Dougan, 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): Pyramid Cremations
20c LOCATION - City or Town, State: Klamath Falls, Oregon
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b OREGON LICENSE NO (Of Licensee): CO-3104
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth St Klamath Falls, Oregon 97603-7194

REGISTRAR

23 DATE FILED (Month, Day, Year): OCT 09 1998
24 REGISTRAR SIGNATURE: Evelyn Simonson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 03:30 AM
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): Charles D Bury
30 DATE SIGNED (Month, Day, Year): October 9, 1998

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
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): Charles D. Bury, MD, 2300 Cleirmont, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Michael Sheets, NP

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36 PART I
(a) Urinary Tract infection and Septicemia — Interval between onset and death: 3 days
(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF — 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 Was decedent pregnant, in labor or within 42 days of termination of pregnancy? ☐ 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.

OCT 09 1998

DATE ISSUED:

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

Returned 1st Am for 6/17/99

22251

State of Oregon, County of Klamath
Recorded 6/07/99, at 11:23 a.m.
In Vol. M99 Page 22250
Linda Smith, County Clerk
Fee: $ 15 Linda Smith

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