# OREGON HEALTH DIVISION
## CENTER FOR HEALTH STATISTICS

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K54113

H-09585
I.D. TAG NO.

95
Local File Number

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

97-004083
136-
State File Number

| 1. DECEDENT'S NAME | First | Middle | Last | 2. SEX |
|---|---|---|---|---|
| | Hugh | C. | RADSPINNER | Male |

3. DATE OF DEATH (Month, Day, Year): February 17, 1997

| 4. SOCIAL SECURITY NUMBER | 5a. AGE (Last Birthday) (Years) | 5b. Under 1 Year: Months | 5c. Under 1 Day: Hours | 6. BIRTHPLACE (City and State or Foreign Country) | 7. DATE OF BIRTH (Month, Day, Year) |
|---|---|---|---|---|---|
| 533-10-0181 | 80 | | | Little Rock, AR | August 3, 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) Foster Care

| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| 403 Pacific Terrace | Klamath Falls | Klamath |

| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done, even most of working life. Do not use retired.) | 10b. KIND OF BUSINESS/INDUSTRY | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 12. SPOUSE (If Married, Widowed) |
|---|---|---|---|
| Cook | Restaurant | Widowed | Mary Taveriene |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Oregon | Klamath | Klamath Falls | 403 Pacific Terrace |

| 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 15. RACE American Indian, Black, White, etc. (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|
| ☒ Yes ☐ No | 97601 | ☐ Yes ☐ No | White | 12 | |

| 17. FATHER - NAME first middle last | 18. MOTHER - NAME first middle maiden | 19. INFORMANT - NAME and relationship to deceased |
|---|---|---|
| Charles Arthur Radspinner | Nellie Frakes | Kathleen Ambery - Daugh |

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

| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. LICENSE NUMBER (If Licensee) | 22. NAME, ADDRESS AND ZIP OF FACILITY |
|---|---|---|
| [signature] | AF-1528 | O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601 |

23. DATE FILED (Month, Day, Year): FEB 19 1997

24. REGISTRAR'S SIGNATURE: [signature]

25. DID HOSPITAL ALREADY INITIATE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

### TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:58 A 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) [signature] M.D.

30. DATE SIGNED (Month, Day, Year): 2/19/97

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Joseph Black, M.D. 2860 Daggett Avenue, Klamath Falls, Oregon 97601

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

### TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. TIME OF DEATH: M

33b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

34. 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)

35. DATE SIGNED (Month, Day, Year)

COUNTY

### 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.

| | | Interval between onset and death |
|---|---|---|
| PART I a. | Cardiorespiratory arrest | 5 minutes |
| DUE TO, OR AS A CONSEQUENCE OF: b. | Alzheimers disease | 10 years |
| DUE TO, OR AS A CONSEQUENCE OF: c. | | |
| PART II d. | | |

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? | 38. AUTOPSY | 39. Was autopsy considered in determining cause of death? |
|---|---|---|
| ☐ Yes ☐ Probably ☐ No ☒ Unknown | ☐ Yes ☒ No | ☐ Yes ☐ No ☐ N/A |

| 40. MANNER OF DEATH | 41a. DATE OF INJURY (Month, Day, Year) | 41b. TIME OF INJURY | 41c. INJURY AT WORK? | 41d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention ☐ Other | | M | ☐ Yes ☒ No | |

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

ORIGINAL VITAL STATISTICS COPY

1999 JUN 16 AM 9:04

AFTER RECORDING RETURN TO: Linda Daisog
629 N. 5th
Klamath Falls OR 97601

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: MAY 03 1999

EDWARD J JOHNSON II
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

23619

State of Oregon, County of Klamath
Recorded 6/16/99, at 9:04 a m.
In Vol. M99 Page 23618
*Linda Smith*,
*County Clerk* Fee$ 15 KR

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