

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M99 Page 23618

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H-09885
ID TAG NO.

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

97-004083

Local File Number: 533-10-0181
State File Number: 97-004083

1. DECEASED'S NAME: **Hugh C. RADSPINNER**
2. SEX: **Male**
3. DATE OF DEATH (Month, Day, Year): **February 17, 1997**

4. SOCIAL SECURITY NUMBER: **533-10-0181**
5. DATE OF BIRTH (Month, Day, Year): **August 3, 1918**

6. PLACE OF BIRTH (City and State or Foreign Country): **Little Rock, AR**

7. PLACE OF DEATH (Check one only):
☐ HOME ☐ HOSPITAL ☐ NURSING HOME ☐ OTHER (Specify): **Nursing Home**

8. COUNTY OF DEATH: **Klamath**

9. STREET AND NUMBER: **403 Pacific Terrace**

10. DECEASED'S USUAL OCCUPATION: **Cook**
11. KIND OF BUSINESS/INDUSTRY: **Restaurant**

12. MARITAL STATUS: **Widowed**
13. SPOUSE (If Married, Underlined): **Mary Taverlone**

14. DECEASED'S EDUCATION: **12**

15. RACE: **White**

16. FATHER'S NAME (First, Middle, Last): **Charles Arthur Radspinner**
17. MOTHER'S NAME (First, Middle, Last): **Nellie Frances**

18. METHOD OF DEATH: ☐ Natural ☐ Suicide ☐ Homicide ☐ Other (Specify): **Cardiac arrest**

19. PLACE OF DEATH (Name of cemetery, crematory, or other place): **Klamath Cremation Service**

20. LOCATION: **Klamath Falls, Oregon**

21. SIGNATURE OF FUNERAL HOME LICENSEE OR PERSON ACTING AS SUCH: **[Signature]**
22. LICENSE NUMBER (If Licensee): **AK-1529**

23. NAME, ADDRESS AND ZIP OF FACILITY: **O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601**

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

25. DID HOSPITAL ADMISSION/INVESTIGATION MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO

26. WAS GIFT MADE? ☐ YES ☒ NO

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: **8:58 A.M.**
28. TO THE BEST of my knowledge, death occurred at the time, date, place and due to the causes and manner stated.
29. DATE SIGNED (Month, Day, Year): **2/19/97**
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Joseph Black, M.D., 2880 Daguerre Avenue, Klamath Falls, Oregon 97601**

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ICD-10 AND ICD-9) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
a. **Cardiorespiratory arrest**
b. **Alzheimer's disease**

PART II
33. OTHER SIGNIFICANT CONDITIONS: **Cardiomegaly contributing to death but not resulting in the underlying cause given in PART I.**

34. Did violence have contribution to the death? ☐ No ☐ Probably ☐ No ☒ Unknown

35. AUTOPSY: ☐ Yes ☒ No

36. H YES were autopsy conducted in determining cause of death?

37. DESCRIBE HOW INJURY OCCURRED

ADMINISTRATIVE VITAL STATISTICS COPY

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.

MAY 03 1999

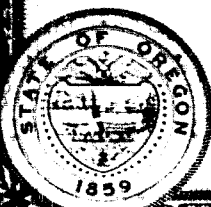
DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1999 JUN 16 AM 9:04

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



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 RR

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