

1999 JUN 25 AM 9:00

Vol. M88 Page 24876

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296

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First: Howard Middle: K. Last: WILSON		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 31, 1999
4. SOCIAL SECURITY NUMBER 570-56-2104		5a. AGE-Last Birthday (Years) 56	5b. Under 1 Year 12 m. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) San Jose, CA		7. DATE OF BIRTH (Month, Day, Year) April 30, 1943	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9a. PLACE OF DEATH (Check only one) ☐ HOME ☐ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER	
9b. FACILITY NAME (If not institution, give street and number) 23030 Yellow Jacket Springs Rd.		9c. CITY, TOWN, OR LOCATION OF DEATH Beatty	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sales		10b. KIND OF BUSINESS/INDUSTRY Automotive	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Vicki Wilson	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Beatty, Oregon		13d. STREET AND NUMBER 23030 Yellow Jacket Springs Rd.	
13e. INSIDE CITY LIMITS ☐ Yes ☒ No		13f. ZIP CODE 97621	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 4+		17. FATHER - NAME first middle last Howard K. Wilson	
18. MOTHER - NAME first middle maiden Hazel Martin		19. INFORMANT - NAME and relationship to decedent Vicki Wilson - wife	
20a. METHOD OF DISPOSITION ☒ Mausoleum ☐ Burial ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (CV License) 1613	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) JUN 02 1999	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 7:30 P.M.	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
29. To the best of my knowledge, death occurred at this time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		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) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) 6-1-99		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robina Qamar, MD., 2610 Uhlmann Rd., Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

36. PART 1 (a) Metastatic Liposarcoma DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 6 months
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS -		Interval between onset and death
37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Possibly ☐ Unknown		
38. A. AUTOPSY ☐ Yes ☒ No		
39. B. YES were all organs examined in determining cause of death? ☐ Yes ☐ No ☒ N/A		
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Underdetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ No	41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
41e. DESCRIBE HOW INJURY OCCURRED		
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

RESERVED FOR REGISTRAR'S USE

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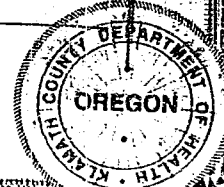
DATE ISSUED:

JUN 02 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTEGRAL STATE SEAL AND BORDER

ANY ALTERATION OR REASURE VOID THIS CERTIFICATE



24877

State of Oregon, County of Klamath
Recorded 6/25/99, at 9:00 a.m.
In Vol. M99 Page 24876
Linda Smith,
County Clerk Fee \$ 15- KL

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