

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

State File Number

Local File Number

1. DECEDENT'S NAME Thomas Herbert DAY		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 27, 1999	
4. SOCIAL SECURITY NUMBER 538-10-3036		5a. AGE-Last Birthday (Years) 86		5b. U.S. BIRTH (City and State or Foreign Country) Randlett, OK	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		7. DATE OF BIRTH (Month, Day, Year) August 7, 1912		8. PLACE OF DEATH (Check only one) ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Pium Ridge Care Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Accountant		12b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser		12c. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
14. INSIDE CITY LIMITS? ☐ Yes ☒ No		15. ZIP CODE 97603		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-3 or 4-) 4	
17. FATHER - NAME first middle last James T. Day		18. MOTHER - NAME first middle maiden Bertha Wilkerson		19. INFORMANT - NAME and relationship to decedent Angie Dahl - Granddaughter	
20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggie</i>		21b. OREGON LICENSE NO. (Of Licensee) CO-3572		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) MAR 03 1999		24. REGISTRAR'S SIGNATURE <i>Lucy L. Simonson</i>			

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 2:00 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) <i>Blake Berven</i> M.D.	
30. DATE SIGNED (Month, Day, Year) 3-2-99	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake Berven, M.D. 2616 Clover Street, Klamath Falls, Oregon 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

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	

36. PART I: DUE TO OR AS A CONSEQUENCE OF: Sepsis		Interval between onset and death 78 hrs
(b) DUE TO OR AS A CONSEQUENCE OF: Diabetic leg ulcer		Interval between onset and death 3 mos
(c) DUE TO OR AS A CONSEQUENCE OF: Diabetes		Interval between onset and death 1 year
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 ☐ No		38. Did alcohol use contribute to the death? ☐ Yes ☒ No
39. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		40. PLACE OF INJURY (If home, farm, street, factory, office building, etc. Specify)
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY
41c. NATURE OF INJURY		41d. DESCRIBE HOW INJURY OCCURRED

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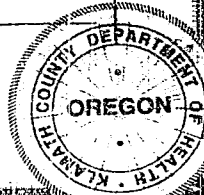
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DATE ISSUED:

THIS COPY IS VALID WITHOUT INTERGLUC STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



24988

State of Oregon, County of Klamath
Recorded 6/25/99, at 11:31 a. m.
In Vol. M99 Page 24987
Linda Smith,
County Clerk Fee \$10 - KR

Return:

Angie Doh1
740 Argonne Ave.
Hollister, Ca. 95023

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