

1999 JUN 30 PM 3:20

K-53925

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS—P.O. BOX 110675
JUNEAU, ALASKA 99811-0675

150

STATE FILE NUMBER

 TYPE: PRINT
#1
PERMANENT
BLACK INK

BIRTH CERTIFICATE NUMBER

RECORDER'S NO.

D-98-0006

DATE RECEIVED

1. DECEDENT'S NAME (First, Middle, Last)

Wayne Dempsey Hite

1a. MAIDEN NAME

2. SEX

Male

3. DATE OF DEATH (Month, Day, Year)

June 20, 1998

4. SOCIAL SECURITY NUMBER

543-30-9143

5a. AGE—Last Birthday (Years)

69

5b. UNDER 1 YEAR

Months

5c. UNDER 1 DAY

Hours

6. DATE OF BIRTH (Month, Day, Year)

Dec. 31, 1928

7. BIRTHPLACE (State or Foreign Country)

Oregon

8. STATE OF DEATH

ALASKA

HOSPITAL:

☐ Inpatient☐ ER/Outpatient☐ DOA

OTHER:

☐ Nursing Home☐ Residence☒ Other (Specify)

put-of-doors

9a. FACILITY NAME (If not institution, give street and number)

Eskilida Creek near Chitna Alaska

9c. CITY, TOWN, OR LOCATION OF DEATH

Chitna

10. MARITAL STATUS

☐ NEVER MARRIED☒ MARRIED☐ WIDOWED☐ DIVORCED☐ UNKNOWN

11. SURVIVING SPOUSE (If wife, give maiden name)

Elizabeth Leouor Marshall

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)

Heavy Equipment Operator

12b. KIND OF BUSINESS/INDUSTRY

Logging

13. WAS DECEDENT EVER IN U.S. ARMED FORCES?

☐ YES☒ NO☐ UNKNOWN

14a. RESIDENCE—STATE

Alaska

14b. CITY, TOWN OR LOCATION

Wasilla

14c. STREET AND NUMBER

1400 Patricia Avenue

14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY?

☒ YES☐ NO☐ UNKNOWN

14e. ZIP CODE

99654

15. WAS DECEDENT OF HISPANIC ORIGIN?

☒ NO☐ YES

Specify: White

16. RACE—Filipino, Black, Native, White, etc.

Specify: White

17. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)

College (13 or 14)

1

18. FATHER'S NAME (First, Middle, Last)

Rueben Lawrence Hite

19. MOTHER'S NAME (First, Middle, Maiden Surname)

Georgia Rose Richey

20a. INFORMANT'S NAME (Type/Print)

Elizabeth L. Hite

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

4022 Dry Creek Road, Medford, OR 97504

20c. RELATIONSHIP TO DECEDENT

Spouse

21a. METHOD OF DISPOSITION

☐ Burial☒ Cremation☐ Removal from Site☐ Donation☐ Other (Specify)

21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)

Valley Crematory

21c. LOCATION—City or Town, State

Wasilla, Alaska

22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

William H. Kiley

22b. NAME AND ADDRESS OF FACILITY

Valley Funeral Home & Crematory
151 E. Herning Ave., Wasilla, AK 99654-7032

Complete items 23a-b only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date, and place stated.

Signature and Title

23b. DATE SIGNED (Month, Day, Year)

24. TIME OF DEATH

1417

25. DATE PRONOUNCED DEAD (Month, Day, Year)

June 20, 1998

26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?

☒ YES☐ NO

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Probable complications of arteriosclerosis

Approximate Interval Between Onset & Death minutes

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

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PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

History of stroke

28a. WAS AN AUTOPSY PERFORMED?

☐ YES☒ NO

28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH?

☐ YES☒ NO

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23)

To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)

To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☒ MEDICAL EXAMINER/CORONER

On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH

Franc G. Fallico, M.D.

29c. DATE SIGNED (Month, Day, Year)

06-30-98

29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (If item 27) (Type/Print name of certifier)

Franc G. Fallico, M.D. Deputy Medical Examiner
5700 East Tudor Road Anchorage, Alaska 99507-1264

29e. LICENSE NUMBER

1349

30. MANNER OF DEATH

☒ Natural☐ Pending Investigation☐ Accident☐ Could not be determined☐ Suicide☐ Homicide

31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL," ITEMS 31a - 31f MUST BE COMPLETED.

31a. DATE OF INJURY (Month, Day, Year)

31b. TIME OF INJURY

31c. INJURY AT WORK?

☐ YES☐ NO

31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

31e. PLACE OF INJURY—At home, street, cannery, office, etc. (Specify)

31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

32. RECORDER'S SIGNATURE

James P. Wilkins

33. RECORDING DISTRICT

Glennallen

34. DATE FILED (Month, Day, Year)

July 7 1998

Form VS-101
REV. 1-92

ORIGINAL - STATE COPY

RETURN TO: Crater Title Ins. Co. 300 W. Main St. Medford, OR 97501

26193

State of Oregon, County of Klamath
Recorded 6/30/99, at 3:20 p. m.
In Vol. M99 Page 26192
Linda Smith,
County Clerk Fee \$15 HR

I hereby certify that the annexed instrument is a true
and correct copy of the original on file in my office.
ATTEST:

Marlene Plunkin
CLERK-TRIAL COURTS
STATE OF ALASKA
AT GLENNALLEN