

1999 JUL 21 AM 11: 43

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296702 1999 JUL 24 REGISTRATION DEPARTMENT OF HUMAN RESOURCES
I.D. TAG NO. HEALTH DIVISION
299 CENTER FOR HEALTH STATISTICS
Local File Number CERTIFICATE OF DEATH 136- State File Number

1. DECEDENT'S NAME First Middle Last Charles Edward BRYANT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 30, 1999
4. SOCIAL SECURITY NUMBER 443-18-1363		5a. AGE-Last Birthday (Years) 75	5b. Under 1 Year Mcs. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Henryetta, OK		7. DATE OF BIRTH (Month, Day, Year) September 22, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		9a. PLACE OF DEATH (Check only one) ☐ Hospital ☒ Inpatient ☐ EP/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials.) Purchasing Agent		10b. KIND OF BUSINESS/INDUSTRY Education	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) Joella Bryant	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4331 Clinton	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes Specify		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last William H. Bryant		18. MOTHER - NAME first middle maiden Hannie - Martindale	
19. INFORMANT - NAME and relationship to decedent Joella Bryant - wife			
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Joella Bryant</i>		21b. OREGON LICENSE NO. (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy. 39, Klamath Falls, OR 97603			
23. DATE FILED (Month, Day, Year) JUN 02 1999		24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>	

TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 2105 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) N
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>F. Geoffrey Marx</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>F. Geoffrey Marx</i>	
30. DATE SIGNED (Month, Day, Year) 5/1/99		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD, 2614 Clover St., Klamath Falls, OR 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. PART I (a) Empysemata DUE TO, OR AS A CONSEQUENCE OF: (b) Empysemata DUE TO, OR AS A CONSEQUENCE OF: (c) Empysemata			
37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown			
38. AUTOPSY ☐ Yes ☒ No			
39. IF YES, were findings considered a determining cause of death? ☐ Yes ☒ No ☐ N/A			
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other			
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M ☐ Yes ☒ No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. INJURY AT WORK? ☐ Yes ☒ No	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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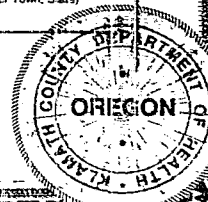
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DATE ISSUED:

JUN 02 1999

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Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



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State of Oregon, County of Klamath
Recorded 7/21/99, at 11:43 a m.
In Vol. M99 Page 29073
Linda Smith,
County Clerk Fee \$ 15 RR