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269700
I.D. TAG NO.
278
Local File Number

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

136-
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Manuel; Middle: Sala; Last: VERDUI
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): May 18,1999
4 SOCIAL SECURITY NUMBER: 567-14-8465
5a AGE (Last Birthday) (Years): 85
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Lahaina, Hawaii
7 DATE OF BIRTH (Month, Day, Year): September 28,1913
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8b FACILITY NAME (If not institution, give street and number): Merle West Medical Center
8c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
8d COUNTY OF DEATH: Klamath
9a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Machinist
9b KIND OF BUSINESS/INDUSTRY: Weyerhauser-Timber
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): married
12 SPOUSE (If Married, Widowed): Alice King nee
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1543 Etna
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
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)): Hispanic
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17 FATHER - NAME: first: Dematio; middle: ; last: Verdui
18 MOTHER - NAME: first: Louisa; middle: ; maiden: Lopez
19 INFORMANT - NAME and relationship to deceased: Alice Verdui- wife

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c LOCATION - City or Town, State: Klamath Falls, OR
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b OREGON LICENSE NO (Of Licensee): 163
22 NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Memorial Gardens & Funeral Home 4777 Hwy. 39, Klamath Falls, OR. 97603

REGISTRAR

23 DATE FILED (Month, Day, Year): MAY 24 1999
24 REGISTRAR'S SIGNATURE: Evelyn Simonson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 11:01 M
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): [signature]
30 DATE SIGNED (Month, Day, Year): May 19,1999
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
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Sean B. Dow, MD., 1900 Main St., Klamath Falls, OR. 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

CAUSE OF DEATH

36 PART I
(a) Atypical pneumonia — Interval between onset and death: hrs
DUE TO, OR AS A CONSEQUENCE OF
(b) cardiac arrest — Interval between onset and death: hrs
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

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 ☐ Probably ☐ No ☐ Unknown
38 AUTOPSY: ☐ Yes ☒ No
39 If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide ☐ Could not be determined
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY: M
41c INJURY AT WORK? ☐ Yes ☐ No
41d DESCRIBE HOW INJURY OCCURRED
41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

I HEREBY CERTIFY THAT THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED: JUN 15 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT RAISED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH · KLAMATH · OREGON

29862

State of Oregon, County of Klamath
Recorded 7/27/99, at 11:33a. m.
In Vol. M99 Page 29861
Linda Smith,
County Clerk Fee$ 15.00 KR

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