CERTIFICATION OF VITAL RECORD

1999 AUG -2 AM 10:49

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I.D. TAG NO.
6.00
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: Paul; Middle: Buntin; Last: EDEN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 10, 1998
4. SOCIAL SECURITY NUMBER: 442-03-1257
5a. AGE-Last Birthday (Years): 82
5b. Under 1 Year: Months; Days
5c. Under 1 Day: Hours; Mins
6. BIRTHPLACE (City and State or Foreign Country): Bath County, KY
7. DATE OF BIRTH (Month, Day, Year): August 15, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/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
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Saw Filer
10b. KIND OF BUSINESS/INDUSTRY: Saw Mills
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Lenore W.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 811 Doty Street
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
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): 8; College (1-4 or 5+)

PARENTS

17. FATHER NAME first middle last: Charley Taylor Eden
18. MOTHER - NAME first middle maiden: Lucy - Hall
19. INFORMANT - NAME and relationship to deceased: Lenore W. Eden, 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 Ellis Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, OR 97603
21. SIGNATURE OF OREGON FUNERAL SERVICE LIBENSEE OR PERSON ACTING AS SUCH: Dean A. Davenport
21b. OREGON LICENSE NO. (Of Licensee): FS-0124
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

REGISTRAR

23. DATE FILED (Month, Day, Year): DEC 15 1998
24. REGISTRAR'S SIGNATURE: Evelyn Simpson

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0110 A 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): Raul A. Mirande
30. DATE SIGNED (Month, Day, Year): December 14, 1998

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 CERTIFIER/MEDICAL EXAMINER (Type or Print): Raul A. Mirande, MD, 2850 Daggett Avenue, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

36. PART I (a) Complete Heart Block — Interval between onset and death: Hours
DUE TO, OR AS A CONSEQUENCE OF
(b) Colon Cancer — Interval between onset and death: Months
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death

CAUSE OF DEATH

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: COPD
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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be determined ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
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)

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DEC 15 1998
DATE ISSUED

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

30711

State of Oregon, County of Klamath
Recorded 8/02/99, at 10:49 a m.
In Vol. M99 Page 30710
Linda Smith,
County Clerk Fee$ 15 - KR

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