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I.D. TAG NO.

99-09

Local File Number

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

Vol M99 Page 32867

State File Number

1. DECEDENT'S NAME First: <u>Frederick</u> Middle: <u>Joseph</u> Last: <u>JACOB</u>		2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 24, 1999</u>
4. SOCIAL SECURITY NUMBER <u>540-50-0292</u>	5a. AGE-Last Birthday (Years) <u>58</u>	5b. Under 1 Year Mo. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	5c. Under 1 Day Mo. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOME <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Roadside</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 13, 1940</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. CITY, TOWN, OR LOCATION OF DEATH <u>Lakeview</u>	
10. FACILITY NAME (If not institution, give street and number) <u>Hwy 140 MP 72, 24 Miles west of Lakeview</u>		11. COUNTY OF DEATH <u>Lake</u>	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Truck Driver</u>		13. KIND OF BUSINESS/INDUSTRY <u>Trucking</u>	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		15. SPOUSE (If Married, Widowed) <u>Patricia Gales</u>	
16. RESIDENCE - STATE <u>Oregon</u> COUNTY <u>Klamath</u>		17. CITY, TOWN OR LOCATION <u>Klamath Falls</u>	
18. STREET AND NUMBER <u>6927 Hilyard Court</u>		19. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
20. EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		21. College (1-4 or 5+) <u>2</u>	
22. FATHER - NAME first middle last <u>Donald Robert Jacob</u>		23. MOTHER - NAME first middle maiden <u>Francis Faye Muller</u>	
24. INFORMANT - NAME and relationship to decedent <u>Patricia Jacob, wife</u>		25. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
26. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>Klamath Cremation Service</u>		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Falls, Oregon</u>	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON EXERCISING AS SUCH <u>Donald L. St. Clair</u>		29. OREGON LICENSE NO. (Of Licensee) <u>3636</u>	
30. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u>		31. ADDRESS <u>515 Pine St. Klamath Falls, OR 97601</u>	
32. DATE FILED (Month, Day, Year) <u>February 22, 1999</u>		33. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
34. TIME OF DEATH <u>6:00 a.m.</u>		35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>January 24, 1999 6:00 a.m.</u>	
36. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. 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. <u>[Signature]</u>	
38. DATE SIGNED (Month, Day, Year) <u>February 19, 1999</u>		39. COUNTY <u>Lake</u>	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Terence Parr, M.D. 628 North 1st Street Lakeview, Oregon 97630</u>			
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>[Redacted]</u>			
42. PART I (a) <u>Acute myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>atherosclerotic Cardiovascular Disease</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u> </u>		43. Interval between onset and death <u>minutes</u> Interval between onset and death <u>years</u> Interval between onset and death <u> </u>	
44. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <u> </u>		45. 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
46. 38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. 39. YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
48. 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		49. 41. DATE OF INJURY (Month, Day, Year) <u> </u>	
50. 42. TIME OF INJURY <u> </u>		51. 43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. 44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		53. 45. DESCRIBE HOW INJURY OCCURRED <u> </u>	
54. 46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

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FEB 22 1999

DATE ISSUED

ELMER G. DODGE JR.
COUNTY REGISTRAR
LAKE COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1999 AUG 13 PM 3:27

After recording, return to:
Patricia Jacob
20071 Beaver Lane, Bend, OR 97701



32868

1999 001 10

State of Oregon, County of Klamath
Recorded 8/13/99, at 3:27 p. m.
In Vol. M99 Page 32867
Linda Smith,
County Clerk Fee \$ 15 KK

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