234759
I.D. TAG NO.

408
Local File Number

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

136-

State File Number

Vol. M99 Page 33646

1999 AUG 20 AM 11 06

DECEDENT

1. DECEDENT'S NAME — First: Robert — Middle: Linual — Last: EAKINS
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 10, 1999
4. SOCIAL SECURITY NUMBER: 429-54-8779
5a. AGE-Last Birthday (Years): 67
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Clay County, AR
7. DATE OF BIRTH (Month, Day, Year): March 26, 1932
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [ ] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [X] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 31967 Highway 50
9c. CITY, TOWN, OR LOCATION OF DEATH: Malin
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Welder
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Patsy Ruth Roop
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Malin
13d. STREET AND NUMBER: 31967 Highway 50
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97632
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): 11 — College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Homer Willard Eakins
18. MOTHER - NAME first middle maiden: Leatha Ellen Faught
19. INFORMANT - NAME and relationship to deceased: Patsy Eakins - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Malin Community Cemetery
20c. LOCATION - City or Town, State: Malin, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO. (Of Licensee): FS-0432
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair & Riggs Funeral Chapel, 515 Pine St., Klamath Falls OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): AUG 16 1999
24. REGISTRAR'S SIGNATURE: [signature]

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

27. TIME OF DEATH: 10:19 A M
28. WAS MEDICAL EXAMINER NOTIFIED? [X] 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): Charles D Bury M.D.
30. DATE SIGNED (Month, Day, Year): August 11 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 CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles D. Bury, M.D., M.E. 2380 Clairmont Street Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

36. [redacted]

PART I
(a) Acute Myocardial Infarction — Interval between onset and death: Moments
DUE TO, OR AS A CONSEQUENCE OF:
(b) ASHD — Interval between onset and death:
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: Diabetes Mellitus

37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [X] Unknown
38. AUTOPSY: [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention [ ] Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [X] 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

DATE ISSUED AUG 16 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

33647

State of Oregon, County of Klamath
Recorded 8/20/99, at 11:06 A m.
In Vol. M99 Page 33646
Linda Smith,
County Clerk Fees 15.00 SW

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