

CERTIFICATION OF VITAL RECORD

No. MOD Page 16456

IN
PERMANENT
BLACK INK

H31415
I.D. TAG NO.

1P3

Local File Number

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

136-

State File Number

DECEDENT

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6

PARENTS

DISPOSITION

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8

9

REGISTRAR

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE

1. DECEDENT'S NAME Richard Alfred HUBBARD			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) April 14, 2000			
4. SOCIAL SECURITY NUMBER 543-07-3257		5a. AGE-Last Birthday (Years) 88		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Sandwich, IL		
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)			7. DATE OF BIRTH (Month, Day, Year) November 16, 1911		
9b. FACILITY NAME (If not institution, give street and number) 2230 Radcliffe Avenue				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) Lumberman/Sawyer			10b. KIND OF BUSINESS/INDUSTRY Lumber		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Jennie Reeves	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2230 Radcliffe Avenue		
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) 12 College (1-4 or 5 +)		17. FATHER - NAME first middle last Bert Hubbard						
18. MOTHER - NAME first middle maiden Lizzie Hall		19. INFORMANT - NAME and relationship to deceased Jennie Hubbard - Spouse						
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Stephanie Riggs</i>				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		
23. DATE FILED (Month, Day, Year) APR 17 2000				24. REGISTRAR'S SIGNATURE <i>Evelyn Simonson</i>				
RESERVED FOR REGISTRAR'S USE								
TO BE COMPLETED BY CERTIFYING PHYSICIAN (Type or Print)								
27. TIME OF DEATH 6:30 A.M.		28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
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>Rubina Qamar M.D.</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)				
30. DATE SIGNED (Month, Day, Year) 4-14-00				33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Rubina Qamar, M.D. 2610 Upham Road, Klamath Falls, Oregon 97601								
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)								
PART I (a) <i>Myelodysplastic Syndrome</i>						Interval between onset and death approx 2 1/2 yrs		
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(b)						Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(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. <i>Coronary Artery Disease, Bradycardia</i>						37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ 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 ☐ Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? ☐ Yes ☒ No		
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
RESERVED FOR REGISTRAR'S USE								

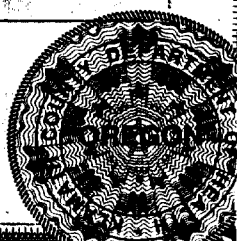
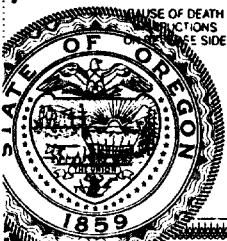
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APR 17 2000

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



16457

State of Oregon, County of Klamath
Recorded 05/08/00, at 10:32a.m.
In Vol. M00 Page 16456
Linda Smith,
County Clerk Fee\$ 26⁰⁰

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