

# CERTIFICATION OF VITAL RECORD

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MTC S1109-TM

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

136-

State File Number

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

282629  
I.D. TAG NO.

555  
Local File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

1

2

3

4

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
CAUSE OF  
DEATH

CAUSE OF  
DEATH

5

6

7

1. DECEDENT'S NAME <b>William Eugene DAVIS</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>November 2, 1999</b>	
4. SOCIAL SECURITY NUMBER <b>572-52-5840</b>		5a. AGE-Last Birthday (Years) <b>57</b>		5b. Under 1 Year Mos. Days		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) <b>Alameda, CA</b>				7. DATE OF BIRTH (Month, Day, Year) <b>November 15, 1941</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>1936 Sargent Street</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>		9d. COUNTY OF DEATH <b>Klamath</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Pressman</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Printing Company</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Tina Homen</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>		13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>		13d. STREET AND NUMBER <b>1936 Sargent Street</b>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <b>97601</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. FATHER - NAME first middle last <b>Eugene Franklin Davis</b>		18. MOTHER - NAME first middle maiden <b>Helen Stault</b>		19. INFORMANT - NAME and relationship to deceased <b>Tina Pettit-Davis, wife</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pyramid Cremations</b>		20c. LOCATION - City or Town, State <b>Klamath Falls, OR 97603</b>			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>William F. Davenport</b>		21b. OREGON LICENSE NO. (Of Licensee) <b>CO-3104</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</b>			
23. DATE FILED (Month, Day, Year) <b>NOV 03 1999</b>		24. REGISTRAR'S SIGNATURE <b>Evelyn Simonson</b>					
RESERVED FOR REGISTRAR'S USE: Items 7 & 18, corrected by Funeral Home Affidavit, 11-22-99 #215205, E. Johnson II, State Reg., kic							
TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED BY MEDICAL EXAMINER			
27. TIME OF DEATH <b>0120 AM</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH <b>11:00 AM</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>11/02/99</b>	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>Janet Nettleton</b>				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) <b>November 3, 1999</b>				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Janet Nettleton, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601</b>							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. IMMEDIATE CAUSE OF DEATH - ONE CAUSE PERTAINING TO IMMEDIATE CAUSE OF DEATH PART I (a) <b>Glucose Hemolysis multiform</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				Interval between onset and death <b>1 month</b> Interval between onset and death Interval between onset and death			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							
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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <b>M</b>		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)					

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

26.00

NOV 29 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

EVELYN SIMONSON  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

17391

State of Oregon, County of Klamath

Recorded 05/12/00, at 2:13 p. m.

In Vol. M00 Page 17390

**Linda Smith,**

County Clerk Fee\$ 26.<sup>00</sup>

Unofficial  
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