

# CERTIFICATION OF VITAL RECORD

**M06-11953**

Klamath County, Oregon

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Pages 1 Fee: \$21.00

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

**05-015837**

H63289

I.D. TAG NO.

**392**

Local File Number

### CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <b>Phillip</b> Middle: <b>Daniel</b> Last: <b>PARKER</b>			2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>July 3, 2005</b>
4. SOCIAL SECURITY NUMBER <b>542-92-7872</b>		5a. AGE-Last Birthday (Year) <b>41</b>	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Fall River Mills, CA</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check one only.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>Hwy. 50</b>		
9b. FACILITY NAME (If not an institution, give street and number.) <b>MP 18.9 Hwy. 50</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Malin</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Automobile</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) <b>Married</b>
12. SPOUSE (If Married, Widowed) <b>Sheri Lou Sawyer</b>		13d. STREET AND NUMBER <b>2326 California Avenue</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>2326 California Avenue</b>
13a. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>4</b>		17. FATHER'S NAME First Middle Last <b>Wesley Donald Parker</b>		
18. MOTHER'S NAME First Middle Maiden <b>Pamela Irene Harper</b>		19. INFORMANT'S NAME and relationship to deceased <b>Don Parker - father</b>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <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>Klamath Cremation Service Klamath Falls, Oregon</b>		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Riggs</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>CO-3572</b>		
22. NAME, ADDRESS AND ZIP CODE OF FACILITY <b>O'Hair &amp; Riggs Funeral Chapel</b>		22. NAME, ADDRESS AND ZIP CODE OF FACILITY <b>515 Pine St; Klamath Falls, OR 97601</b>		
23. DATE FILED (Month, Day, Year) <b>JUL 08 2005</b>		24. REGISTRAR'S SIGNATURE <i>Christa Runnels</i>		

RESERVED FOR REGISTRAR'S USE Item #7 Corr. by Fun. Dir. Aff. 7/22/05 Z#34163, J.A. Woodward, State Reg., jm

#### TO BE COMPLETED BY MEDICAL CERTIFIER

27. TIME OF DEATH M <b>12:30</b>	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH <b>12:30 A.M.</b>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>July 3, 2005 12:30 A.M.</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) <i>Robert N. Edwards</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) <i>Robert N. Edwards</i>	
30. DATE SIGNED (Month, Day, Year) <b>July 3, 2005</b>		33. DATE SIGNED (Month, Day, Year) <b>7-6-05</b>	
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Robert N. Edwards, M.D., M.E. 4509 South 6th Street Klamath Falls, OR 97603</b>		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				Interval between onset and death
(a) <b>Multiple trauma secondary to auto accident</b> DUE TO, OR AS A CONSEQUENCE OF:				<i>mm</i>
(b) <b></b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c) <b></b> DUE TO, OR AS A CONSEQUENCE OF:				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. <b>Prob ETOH, Speeding</b>				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <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) <b>July 3, 2005</b>	41b. TIME OF INJURY <b>12:30 A.M.</b>	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED <b>Did not cross midline. Deceased was driver of auto that left roadway, hit power pole, driver ejected</b>
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Hwy. 50</b>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>MP 18.9 Hwy. 50, Malin, OR 97632</b>		

RESERVED FOR REGISTRAR'S USE

**5108**

#### ORIGINAL - VITAL STATISTICS' COPY

45-2 (12/04)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

**JUL 2 2 2005**

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE