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02438

I.D. TAG NO.

47

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

2275

DECEASED

1

2

3

4

5

6

PREVIOUS

DISPOSITION

CERTIFIER

CONDITIONS

IF ANY

WHICH CAUSE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

PART

REGISTRAR

1. DECEDENT'S NAME ELEANOR MAE PARR		2. SEX F		3. DATE OF DEATH (Month, Day, Year) Jan. 31, 1988	
4. SOCIAL SECURITY NUMBER 541/24/0273		5a. AGE - Last Birthday (Years) 63	5b. UNDER 1 YEAR Months 63	5c. UNDER 1 DAY Hours 63	6. BIRTHPLACE (City and State or Foreign Country) Manford, Ok.
7. DATE OF BIRTH (Month, Day, Year) Aug. 3, 1924		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☒ OTHER ☒ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)			
9a. FACILITY NAME (if not institution, city and street) Klamath Convalescent Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Housewife		10b. KIND OF BUSINESS/INDUSTRY At Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (if Married, Widowed) Warren		13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1830 Hawthorne	
14. INSIDE CITY LIMITS? ☒ Yes ☐ No		15. ZIP CODE 97601		16. RACE American Indian, Black, White, etc. (Specify) White	
17. FATHER - NAME first middle last Elvis - Hesterlee		18. MOTHER - NAME first middle maiden Lilla - Johnson		19. INFORMANT - NAME and relationship to decedent Warren Parr / Husband	
20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from state ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON DESIGNATED AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of License) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Oregon 97601	
23. TIME OF DEATH 0412		24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No		25. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 27a. TIME OF DEATH M	
26. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>		27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>	
29. DATE SIGNED (Month, Day, Year) 2-2-88		30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kenneth L. Tuttle, MD / 2680 Uhlmann / Klamath Falls, Oregon / 97601		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
32. 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.) (a) metastatic colon cancer		Interval between onset and death 2 years		Interval between onset and death	
(b) due to, or as a consequence of:		Interval between onset and death		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		33. AUTOPSY ☐ Yes ☒ No		34. YES were findings considered in determining cause of death?	
35. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined ☐ Homicide		36. DATE OF INJURY (Month, Day, Year)		37. TIME OF INJURY M	
38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		39. INJURY AT WORK? ☐ Yes ☒ No		40. DESCRIBE HOW INJURY OCCURRED	
39. DATE FILED (Month, Day, Year) FEB 03 1988		40. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A		41. W'S GIFT MADE? ☐ YES ☐ NO ☐ N/A	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **FEB 16 1988**Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day
of February A.D. 19 38 at 2:10 o'clock P.M., and duly recorded in Vol. M88
of Deeds on Page 2275.

FEE \$5.00

Ret: Warren Parr 1830 Hawthorne Klamath Falls, Oregon 97601

Evelyn Biehn,
By *[Signature]* County Clerk