

21066
I.D. TAG NO.

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

20375-0

Vital Records Unit

136-

State File Number

297
Local File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME First: Erma Middle: Anne Last: JONES			2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 13, 1988	
4. SOCIAL SECURITY NUMBER 540-26-2856	5a. AGE - Last Birthday (Years) 80	5b. UNDER 1 YEAR (Mos.)	5c. UNDER 1 DAY (Hours)	6. BIRTHPLACE (City and State or Foreign Country) Eugene, Oregon	
7. DATE OF BIRTH (Month, Day, Year) January 29, 1908					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center			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) Cook		10b. KIND OF BUSINESS/INDUSTRY Institutional Cook		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SPOUSE (If Married, Widowed) Ron Jones					
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 2027 Applegate St.		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 11					
17. FATHER - NAME - first middle last Lee Logan			18. MOTHER - NAME - first middle maiden Lena Garrison		
19. INFORMANT - NAME and relationship to decedent M. Arlene Johnson, Daughter					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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) Linkville Cemetery		
20c. LOCATION - City or Town, State Klamath Falls, Ore.					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mich. Oha</i>			21b. LICENSE NUMBER (Of Licensee) 3287	22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601	
23. TIME OF DEATH 5:26 A.					
24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. <i>R. Rand Hale, M.D.</i>					
26. DATE SIGNED (Month, Day, Year) August 15, 1988					
27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 27a. TIME OF DEATH M					
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)					
29. DATE SIGNED (Month, Day, Year) COUNTY					
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) R. Rand Hale, M.D., 2584 Campus Dr., Klamath Falls, Ore. 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.					
PART I (a) intracerebral hemorrhage			Interval between onset and death 6 hrs		
(b) hypertension			Interval between onset and death		
(c) hypertension			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. IF YES were findings considered in determining cause of death?					
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide					
36a. DATE OF BIRTH (Month, Day, Year)		36b. TIME OF BIRTH	36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	36d. DESCRIBE HOW INJURY OCCURRED	
37. REGISTRAR'S SIGNATURE <i>Michelle Battuff</i>					
38. DATE FILED (Month, Day, Year) AUG 15 1988					
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A					
RESERVED FOR REGISTRAR'S USE					

1988 SEP 14 AM 10 06

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

CAUSE OF DEATH

REGISTRAR

ORIGINAL - VITAL STATISTICS COPY

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

AFTER RECORDING RETURN TO: **Reba Martz**
4025 Barry
Klamath Falls, OR
97603

DATE ISSUED **AUG 16 1988**

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 14th day of Sept. A.D. 19 88 at 10:06 o'clock A.M., and duly recorded in Vol. M88 of Deeds on Page 15031
Evelyn Biehn County Clerk
By Pauline Millmoller

FEE \$8.00