

B 7245

I.D. TAG NO.

362
Local File NumberOREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCESVital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Martha Middle: Marie Last: BRANIFF		2. SEX F	3. DATE OF DEATH (Month, Day, Year) September 23, 1988
4. SOCIAL SECURITY NUMBER 541-22-2092	5a. AGE - Last Birthday (Years) 64	5b. UNDER 1 YEAR Mos. _____ Days _____	5c. UNDER 1 DAY Hours _____ Mins. _____
6. BIRTHPLACE (City and State or Foreign Country) Malin, Oregon		7. DATE OF BIRTH (Month, Day, Year) January 15, 1924	
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify) _____			
9b. FACILITY NAME (If not institution, give street and number) 2435 Wantland Street		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.) Bank Teller		10b. KIND OF BUSINESS/INDUSTRY Banking	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced		12. SPOUSE (If Married, Widowed) -	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2435 Wantland Street	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify _____		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (13-16) _____		17. INFORMANT - NAME and relationship to decedent Teresa Lynne Hayes, daughter	
17. FATHER - NAME first middle last Frank - Krizo		18. MOTHER - NAME first middle maiden Julia - Suty	
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) Klamath Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Marcell Seid</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 97601 515 Pine St., Klamath Falls, Oregon			
23. TIME OF DEATH M _____			
24. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature) _____			
26. DATE SIGNED (Month, Day, Year) _____			
27a. TIME OF DEATH 7:30 P.M.			
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) September 24, 1988 10:00 A.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>Robert N. Edwards</i> M.E.			
29. DATE SIGNED (Month, Day, Year) September 26, 1988			
COUNTY Klamath			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert N. Edwards, M.D., 2865 Daggett Road, 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.)			
PART I (a) Thrombotic Complications secondary to Chronic Myelocytic Leukemia			
Interval between onset and death _____			
(b) Myelodysplasia			
Interval between onset and death _____			
(c) Diabetics			
Interval between onset and death _____			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Diabetics			
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"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide			
36a. DATE OF INJURY (Month, Day, Year) _____		36b. TIME OF INJURY M _____	
36c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36d. DESCRIBE HOW INJURY OCCURRED _____	
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		36f. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____	
37. REGISTRAR'S SIGNATURE <i>Michelle Barthoff</i>		38. DATE FILED (Month, Day, Year) SEP 27 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		40. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
RESERVED FOR REGISTRAR'S USE			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **SEP 27 1988***Marian Ackerman*
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Phil Krizo** the **5th** day
of **Oct.** A.D. 19 **88** at **1:36** o'clock **P. M.**, and duly recorded in Vol. **M88**
of **Deeds** on Page **16668**

FEE \$8.00

Return: Phil Krizo

6908 Verda Vista Pl., Klamath Falls, 97603

By *Evelyn Biehn* County ClerkBy *Pauline Williams*