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CERTIFICATION OF VITAL RECORD

HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		136-	State File Number
1. DECEDENT'S NAME First: <u>Wanda</u> Middle: <u>Lee</u> Last: <u>YBARRA</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 17, 1989</u>
4. SOCIAL SECURITY NUMBER <u>541-28-8858</u>		5a. AGE - Last Birthday (Years) <u>74</u>	5b. Under 1 Year Mths. <u> </u> Days <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Bailey, Texas</u>		7. DATE OF BIRTH (Month, Day, Year) <u>October 24, 1914</u>	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9b. COUNTY OF DEATH <u>Klamath</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>At Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>John</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
13c. STREET AND NUMBER <u>2153 White</u>		14. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>10</u>		16. INFORMANT - NAME and relationship to decedent <u>Mary Prater - Daughter</u>	
17. FATHER - NAME first middle last <u>Wesley - Hill</u>		18. MOTHER - NAME first middle maiden <u>Minnie - Parsons</u>	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>WARD'S / 1945 Main St. Klamath Falls, Oregon 97601</u>		23. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
24. DATE FILED (Month, Day, Year) <u>JAN 23 1989</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>1610</u> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Blake Berven</u>			
30. DATE SIGNED (Month, Day, Year) <u>January 19, 1989</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
33. 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) <u>Respiratory failure</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>1 week</u>	
(b) <u>Severe COPD</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>6 months</u>	
(c) <u>Infected generalized dermatitis</u>		Interval between onset and death <u> </u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u> </u>		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
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"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) <u> </u>	
41b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u> </u>		41e. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED JAN 23 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John Ybarra the 23rd day
of Jan. A.D., 19 89 at 2:49 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 1334
By Evelyn Biehn County Clerk
By Pauline Mullins

FEE \$8.00

Return: John Ybarra
2153 White, Klamath Falls, Or. 97601