

CERTIFICATION OF VITAL RECORD

HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		136	State File Number
1. DECEASED'S NAME First: <u>Marjorie</u> Middle: <u>Marium</u> Last: <u>McQUEEN</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 17, 1989</u>
4. SOCIAL SECURITY NUMBER <u>538-16-7013</u>		5a. AGE - Last Birthday (Years) <u>67</u>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE, City and State or Foreign Country <u>Hensel, N. Dakota</u>		7. DATE OF BIRTH (Month, Day, Year) <u>September 2, 1921</u>	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>			
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Dry Cleaner/seamstress</u>			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>			
12. SPOUSE (If Married, Widowed) <u>Bryan W.</u>			
13. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			
14. COUNTY OF DEATH <u>Klamath</u>			
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>			
16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>12</u>			
17. FATHER - NAME first middle last <u>Theodore - Born</u>			
18. MOTHER - NAME first middle maiden <u>Frona - Massey</u>			
19. INFORMANT - NAME and relationship to deceased <u>Bryan W. McQueen, husband</u>			
20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>			
21. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6120 So. 6th St., Klamath Falls, Oregon 97603-7194</u>			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>William J. Davenport</u>			
23. DATE FILED (Month, Day, Year) <u>JAN 19 1989</u>			
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TIME OF DEATH <u>0352 A.M.</u>			
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. <u>Mark S. Kochevar, MD</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>Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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.) (a) <u>Respiratory arrest</u> (b) <u>Acute bronchitis</u> (c) <u>Chronic obstructive pulmonary disease</u>			
34. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I <u>Non-ocul cell carcinoma lung</u>			
35. 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			
36. DATE OF INJURY (Month, Day, Year)			
37. TIME OF INJURY			
38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
40. DESCRIBE HOW INJURY OCCURRED			
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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 20 1989Marian Ackerman
CLERK
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bryan McQueen the 25th day
of Jan. A.D., 19 89 at 9:51 o'clock A.M. and duly recorded in Vol. M89
of Deeds on Page 1440
By Evelyn Biehn County Clerk

FEE \$8.00

Return: Bryan McQueen
1926 Academy, Klamath Falls, Or. 97601