

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

1. DECEDENT'S NAME First Middle Last Leland Leroy CHEYNE		2. SEX M	3. DATE OF DEATH (Month, Day, Year) February 11, 1989
4. SOCIAL SECURITY NUMBER 543-16-1649	5a. AGE - Last Birthday (Years) 69	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, Ore.
7. DATE OF BIRTH (Month, Day, Year) November 2, 1919		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input 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 Home <input type="checkbox"/> Other (Specify)		9b. COUNTY OF DEATH Klamath	
10a. FACILITY NAME (If not institution, give street and number) 12333 Spring Lake Road		10b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		10d. KIND OF BUSINESS/INDUSTRY Farming	
10e. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		10f. SPOUSE (If Married, Widowed) Bonita	
11a. RESIDENCE - STATE Oregon		11b. COUNTY Klamath	
11c. CITY, TOWN, OR LOCATION Klamath Falls		11d. STREET AND NUMBER 12333 Spring Lake Road	
12a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		12b. ZIP CODE 97603	
13. 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		14. RACE American Indian, Black, White, etc. (Specify) White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12)		16. College (1-4 or 5+) 12	
17. FATHER - NAME first middle last William McAlley Cheyne		18. MOTHER - NAME first middle maiden Mary Margaret Schubert	
19. INFORMANT - NAME and relationship to deceased Bonita Cheyne, wife		20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Laki Cemetery		20c. LOCATION - City or Town, State Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Married Reid</i>		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		23. DATE FILED (Month, Day, Year) FEB 14 1989	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH 3:00 A.	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Randal A. Machado</i>	
30. DATE SIGNED (Month, Day, Year) February 13, 1989		31. DATE SIGNED (Month, Day, Year) February 13, 1989	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal A. Machado, M.D., 1905 Main Street, Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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) Metastatic Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months Interval between onset and death Interval between onset and death	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Coronary Heart Failure, Aortic Stenosis		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. 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 <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year) February 11, 1989	
41. TIME OF INJURY M		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		44. LOCATION (Street and Number or Rural Route Number, City or Town, State) 12333 Spring Lake Road, Klamath Falls, Oregon	

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED **FEB 15 1989**MARION ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Bonita Cheyne** the **28th** day of **Feb.** A.D., 19 **89** at **2:25** o'clock **P.M.**, and duly recorded in Vol. **M89** of **Deeds** on Page **3527**.Evelyn Biehn County Clerk
By *Pauline M. Nielsen*

FEE \$8.00

Return: Bonita Cheyne
12333 Spring Lake Rd., Klamath Falls, Or. 97603