

CERTIFICATION OF VITAL RECORD

55236
I.D. TAG NO.

88

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First Middle Last Margaret Patricia CLARK		2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 15, 1989
4. SOCIAL SECURITY NUMBER 557-36-0012		5a. AGE - Last Birthday (Years) 60	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Oakland, California		7. DATE OF BIRTH (Month, Day, Year) February 12, 1929	
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 checked="" 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 type="checkbox"/> Decedent's Home <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.) Housewife		10b. KIND OF BUSINESS/INDUSTRY At Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Donald	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 5662 Leland Dr.	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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 (1-4 or 5+) 12			
17. FATHER - NAME first middle last David - Scalf		18. MOTHER - NAME first middle maiden Myrtle - Shelton	
19. INFORMANT - NAME and relationship to decedent Donald Clark - Spouse			
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) Mt. Calvary Cemetery	
20c. LOCATION - City or Town, State Klamath Falls, Ore.			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY WARD'S / 1945 Main St. Klamath Falls, Oregon 97601		24. REGISTRAR'S SIGNATURE Nancy Kennedy	
23. DATE FILED (Month, Day, Year) FEB 20 1989		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 9:49 A M			
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) Arthur Freeland			
30. DATE SIGNED (Month, Day, Year) 2-20-89			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Arthur Freeland, MD - 1905 Main St. - Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Smoking, hypertension			
35. INTERVAL BETWEEN ONSET AND DEATH			
36. INTERVAL BETWEEN ONSET AND DEATH			
37. INTERVAL BETWEEN ONSET AND DEATH			
38. INTERVAL BETWEEN ONSET AND DEATH			
39. INTERVAL BETWEEN ONSET AND DEATH			
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)			
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No			
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
41d. DESCRIBE HOW INJURY OCCURRED			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

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45-2 REV. 1-88

DATE ISSUED FEB 20 1989Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald Clark the 3rd day
of April A.D., 19 89 at 10:23 o'clock AM, and duly recorded in Vol. M89,
of Deeds on Page 5520.

FEE \$8.00

Return: Donald Clark

5662 Leland Dr., Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By Rauline Muelens