

## CERTIFICATION OF VITAL RECORD

53911  
I.D. TAG NO.  
152  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

State File Number

## DECEDENT

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## PARENTS

## DISPOSITION

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## REGISTRAR

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## CERTIFIER

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## CAUSE OF DEATH

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1. DECEDENT'S NAME First: <u>Howard</u> Middle: <u>C.</u> Last: <u>STRODE</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>March 29, 1989</u>		
4. SOCIAL SECURITY NUMBER <u>540-05-8949</u>		5a. AGE - Last Birthday (Years) <u>86</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u>	5c. Under 1 Day Hours <u>  </u> Mins. <u>  </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Chico, California</u>	7. DATE OF BIRTH (Month, Day, Year) <u>October 13, 1902</u>
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) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> EPOutpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>						
9b. FACILITY NAME (If not institution, give street and number) <u>West Care Home</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d. 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>Elementary School Teacher</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Public Education</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
13a. RESIDENCE - STATE <u>Oregon</u>			13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
13d. STREET AND NUMBER <u>527 Eldorado</u>			12. SPOUSE (If Married, Widowed) <u>Margaret M.</u>			
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			13f. ZIP CODE <u>97601</u>		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: <u>  </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>  </u> College (1-4 or 5+) <u>5</u>			
17. FATHER - NAME first middle last <u>James L. Strode</u>			18. MOTHER - NAME first middle maiden <u>Laura - Burch</u>			19. INFORMANT - NAME and relationship to decedent <u>Margaret M. Strode, wife</u>
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) <u>  </u>			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>			20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Messill Reid</u>			21b. LICENSE NUMBER (Of Licensee) <u>3329</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601</u>	
23. DATE FILED (Month, Day, Year) <u>MAR 31 1989</u>			24. REGISTRAR'S SIGNATURE <u>Randy Kennedy</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA			26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA			
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH <u>11:30 A.</u> <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>M.D.</u>						
30. DATE SIGNED (Month, Day, Year) <u>March 30, 1989</u>						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>John J. Kleiman, M.D., 1905 Main Street, Klamath Falls, Oregon 97601</u>						
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>						
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) DUE TO, OR AS A CONSEQUENCE OF: <u>Abnormal fibrillation</u>						
(b) DUE TO, OR AS A CONSEQUENCE OF: <u>CHD</u>						
(c) OTHER SIGNIFICANT CONDITIONS: <u>Pericarditis</u>						
PART II						
34. 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						
40a. DATE OF INJURY (Month, Day, Year) <u>  </u>		40b. TIME OF INJURY <u>  </u>		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40d. DESCRIBE HOW INJURY OCCURRED <u>  </u>
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>				
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk						
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NIA						

## ORIGINAL - VITAL STATISTICS COPY

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

45-2 REV. 1-82

DATE ISSUED

MAR 31 1989

Marian Ackerman  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Strode the 6th day of April A.D., 19 89 at 12:05 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 5788

Evelyn Biehn, County Clerk

By Dorinda Macdonald

FEE \$8.00

Return: Margaret Strode

527 Eldorado, Klamath Falls, Or. 97601