

CERTIFICATION OF VITAL RECORD

C-4710
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

1
2
3
4
5
6

PARENTS

DISPOSITION

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH
GIVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

15

16

17

1. DECEDENT'S NAME First Middle Last Camilla J. DERBY			2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 30, 1989		
4. SOCIAL SECURITY NUMBER 543-28-6050		5a. AGE - Last Birthday (Years) 94	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Neligh, Nebraska	7. DATE OF BIRTH (Month, Day, Year) March 4, 1895
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) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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.) Seamstress		10b. KIND OF BUSINESS/INDUSTRY Retail Clothing Store		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Benjamin H. Derby
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 720 Wocus Street
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97601		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 (14 or 5+) 12			17. FATHER - NAME first middle last G. W. Jewell			18. MOTHER - NAME first middle maiden Nellie L. Newman
19. INFORMANT - NAME and relationship to deceased Patricia N. Derby, daughter			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) Klamath Cremation Service
20c. LOCATION - City or Town, State Klamath Falls, Oregon			21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrill Reid			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) APR 4 1989			24. REGISTRAR'S SIGNATURE Nancy Kennedy
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			
27. TIME OF DEATH 9:40 P.M. 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) F. A. Marx M.D.			30. DATE SIGNED (Month, Day, Year) April 3, 1989			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601			32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)			
33. DATE SIGNED (Month, Day, Year)			34. COUNTY			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			36. 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.)			
37. Interval between onset and death 15 yrs			38. Interval between onset and death 15 yrs			
39. Interval between onset and death			40. Interval between onset and death			
41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Osteoporosis, esophageal stricture			42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			44. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NIA			
45. 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			46. DATE OF INJURY (Month, Day, Year)			
47. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			48. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
49. LOCATION (Street and Number or Rural Route Number, City or Town, State)			50. DESCRIBE HOW INJURY OCCURRED			

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 APR 4 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Patricia Derby the 7th day of April A.D., 19 89 at 12:27 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 5898.

Evelyn Biehn County Clerk
By Pauline M. Mendenhall

FEE \$8.00

Return: Patricia Derby
720 Wocus, Klamath Falls, Or. 97601