

98872

'89 APR 7 PM 12 48

Vol. m89 Page 5899

CERTIFICATION OF VITAL RECORD

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

136

46068
I.D. TAG NO.
146
Local File Number

1. DECEDENT'S NAME
First: Dawn, Middle: Berry, Last: PETERS

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): March 25, 1989

4. SOCIAL SECURITY NUMBER: 533-20-9878

5a. AGE - Last Birthday (Year): 67

5b. Under 1 Year: Mos. Days Hours Mins.

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Spokane, Washington

7. DATE OF BIRTH (Month, Day, Year): March 12, 1922

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one)
☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify):

9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9c. 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: Homemaking

11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Fred A.

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 11480 Highway 39

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

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+)

17. FATHER - NAME first middle last: William - Berry

18. MOTHER - NAME first middle maiden: Hattie - Bryant

19. INFORMANT - NAME and relationship to decedent: Fred A. Peters, husband

20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21a. LICENSE NUMBER (Of Licensee): 53-0124

22. NAME, ADDRESS AND ZIP OF FACILITY: of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23. DATE FILED (Month, Day, Year): MAR 27 1989

24. REGISTRAR'S SIGNATURE: [Signature]

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 1155 A.M.

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): [Signature]

30. DATE SIGNED (Month, Day, Year): March 27, 1989

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

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): [Signature]

33. DATE SIGNED (Month, Day, Year):

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon S. Wayland, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

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.)

PART I (a) Staged clear cell cancer of kidney

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk

38. AUTOPSY: ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY: M

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify):

41e. DESCRIBE HOW INJURY OCCURRED:

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

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. 1-89

DATE ISSUED MAR 27 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Fred Peters
of April A.D., 19 89 at 12:48 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 5899

FEE \$8.00
Return: Fred Peters
11480 Hwy 39, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By [Signature]