

99578

'89 APR 27 AM 11 59

Vol. m89 Page 7271

CERTIFICATE OF VITAL RECORDS

OREGON DEPARTMENT OF HUMAN RESOURCES

C-4755
I.D. TAG NO.

199

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME First <u>Eldon</u> Middle <u>E.</u> Last <u>LOUNSBURY</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>April 23, 1989</u>
4. SOCIAL SECURITY NUMBER <u>560-24-1347</u>		5a. AGE - Last Birthday (Years) <u>64</u>	5b. Under 1 Year Mo. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>American Falls, ID</u>		7. DATE OF BIRTH (Month, Day, Year) <u>July 19, 1924</u>	
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 type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> 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. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9c. COUNTY OF DEATH <u>Klamath</u>	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Merle West Medical Center</u> <u>Presto Log Plant Operator</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Marian J.</u>		13. STREET AND NUMBER <u>3774 Butte Street</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		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>		17. INFORMANT - NAME and relationship to decedent <u>Marian J. Lounsbury, wife</u>	
18. FATHER - NAME first middle last <u>Floyd M. Lounsbury</u>		19. MOTHER - NAME first middle last maiden <u>Hattie - Collins</u>	
20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u> <u>Klamath Falls, Oregon</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u> <u>515 Pine St., Klamath Falls, Ore. 97601</u>		23. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
24. DATE FILED (Month, Day, Year) <u>APR 25 1989</u>		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. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <u>10:39 P.</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>[Signature]</u> M.D.		30. DATE SIGNED (Month, Day, Year) <u>April 24, 1989</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601</u>		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. <u>Arteriosclerotic Heart Disease</u>		34. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
35. DUE TO, OR AS A CONSEQUENCE OF: <u>Diabetes, CHF</u>		36. INTERVAL BETWEEN ONSET AND DEATH	
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"/> N/A		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	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY At home, farm, street, factory, office (Specify)		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.

DATE ISSUED APR 26 1989Marian Ackerman
KLAMATH COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 27th day
of April A.D., 19 89 at 11:59 o'clock A M., and duly recorded in Vol. M89
of Deeds on Page 7271Evelyn Biehn, County Clerk
By [Signature]FEE \$8.00
Return: Marian Lounsbury
3774 Butte, Klamath Falls, Or. 97601