

53953

ID. TAG NO.

299

Local File Number

OREGON DEPARTMENT OF HEALTH DIVISION

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136

State File Number

DECEDENT

1

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3

4

5

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PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH GIVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

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1. DECEDENT'S NAME First: Claire Middle: Logan Last: SPEIRS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) July 11, 1989		
4. SOCIAL SECURITY NUMBER 541-10-9081	5a. AGE - Last Birthday (Y/M/D) 84	5b. Under 1 Year Mos. 84 Days 00 Hours 00 Mins. 00	6. BIRTHPLACE (City and State or Foreign Country) Red Deer, AB, CAN.		
7. DATE OF BIRTH (Month, Day, Year) February 8, 1905					
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 checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)			
12. SPOUSE (If Married, Widowed, Divorced (Specify)) Edna Mae		13. COUNTY OF DEATH Klamath			
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Automobile Mechanic		15. KIND OF BUSINESS/INDUSTRY Automobile Repair			
16. RESIDENCE - STATE Oregon		17. CITY, TOWN, OR LOCATION Klamath Falls			
18. STREET AND NUMBER 3838 Bristol Street		19. RACE American Indian, Black, White, etc. (Specify) White			
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 15+)		21. 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			
22. FATHER - NAME first middle last James - Speirs		23. MOTHER - NAME first middle maiden Annie - Logan			
24. INFORMANT - NAME and relationship to decedent Edna Mae Speirs, wife		25. 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)			
26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Siskiyou Memorial Park Cemetery		27. LOCATION - City or Town, State Medford, Oregon			
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merle West</i>		29. LICENSE NUMBER (Of Licensee) 3329			
30. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601		31. DATE FILED (Month, Day, Year) JUL 13 1989			
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		33. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
34. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 7:02 P. 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) <i>Kenneth K. Magee</i> M.D. 30. DATE SIGNED (Month, Day, Year) July 13, 1989 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M 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) COUNTY			
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) Acute Myocardial Infarction & Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Advanced Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Tendency toward Chronic Anemia PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Tendency toward Chronic Anemia				37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) M 41b. TIME OF INJURY M 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 41d. DESCRIBE HOW INJURY OCCURRED			
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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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 **JUL 17 1989**

Marian Ackerman

MARIAN ACKERMAN

COUNTY REGISTRAR

KLAMATH COUNTY, OREGON

STATE OF OREGON,

County of Klamath

53.

After recording, return to:
H. F. Smith
540 Main Street
Klamath Falls, Oregon 97601

Filed for record at request of:

H. F. Smith

on this **27th** day of **July** A.D., 1989at **11:30** o'clock **A** M. and duly recordedin Vol. **M89** of **Deeds** Page **13717**

Evelyn Biehn County Clerk

By *Dorlene Mullins*

Deputy.

Fee, \$8.00