

53955
I.D. TAG NO
324
Local File Number

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

136

State File Number

1. DECEDENT'S NAME: First **Patricia**, Middle **Melissa**, Last **HESCOCK**

2. SEX: **F**

3. DATE OF DEATH (Month, Day, Year): **July 27, 1989**

4. SOCIAL SECURITY NUMBER: **541-24-9588**

5a. AGE - Last Birthday (Year): **73**

5b. Under 1 Year: **Mo.**, Days: **1**, Hours: **---**, Mins: **---**

6. BIRTHPLACE (City and State or Foreign Country): **Main, OR.**

7. DATE OF BIRTH (Month, Day, Year): **February 27, 1916**

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

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

9b. FACILITY NAME (if not institution, give street and number): **Hwy # 62**

9c. CITY, TOWN, OR LOCATION OF DEATH: **Fort Klamath**

9d. COUNTY OF DEATH: **Klamath**

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): **Post Master**

10b. KIND OF BUSINESS/INDUSTRY: **U.S. Government**

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

12. SPOUSE (If Married, Widowed): **W.B. "Webb"**

13a. RESIDENCE - STATE: **Oregon**

13b. COUNTY: **Klamath**

13c. CITY, TOWN, OR LOCATION: **Fort Klamath**

13d. STREET AND NUMBER: **Highway # 62, (P.O. Box 553)**

13e. INSIDE CITY LIMITS? Yes No

13f. ZIP CODE: **97626**

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): **12**

17. FATHER - Name first, middle, last: **Floyd - Brandenburg**

18. MOTHER - Name first, middle, maiden: **Helen Howard Gay**

19. INFORMANT - Name and relationship to deceased: **W.B. "Webb" Hescock,**

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

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

20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Merril Seid*

21b. LICENSE NUMBER (Of License): **3329**

22. NAME, ADDRESS AND ZIP OF FACILITY: **O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601**

23. DATE FILED (Month, Day, Year): **JUL 28 1989**

24. REGISTRAR'S SIGNATURE: *Nancy Kennedy*

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: **1:00 P.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) *Blake Berven* M.D.

30. DATE SIGNED (Month, Day, Year): **July 28, 1989**

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Blake Berven, M.D., 2616 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) _____ COUNTY _____

34. 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.)

(a) **Acute myocardial infarction** Interval between onset and death: **5 minutes**

(b) **ASHD** Interval between onset and death: **15 years**

(c) 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, Suicide, Manner, Homicide, Legal Intervention

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

41b. TIME OF INJURY: **M**

41c. INJURY AT WORK? Yes No

41d. DESCRIBE HOW INJURY OCCURRED _____

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____

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

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

DATE ISSUED **JUL 28 1989**

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co. the 11th day of Aug. A.D., 19 89 at 4:13 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 14954.

FEE \$8.00

Return: M.T.C.

Evelyn Biehn County Clerk
By *Pauline M. Mulvally*