

C-4705
I.D. TAG NO.

357

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 Porter Middle D. Last CLEMENS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 17, 1989
4. SOCIAL SECURITY NUMBER 540-16-8229		5a. AGE - Last Birth Day (Days) 65	5b. Under 1 Year Days 5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Portland, OR		7. DATE OF BIRTH (Month, Day, Year) December 23, 1923	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA 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.) Salesman		10b. KIND OF BUSINESS/INDUSTRY Retail Sales	
10c. CITY, TOWN, OR LOCATION Klamath Falls		10d. STREET AND NUMBER 4301 Winter Avenue	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Barbara B.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. ZIP CODE 97603	
14. WAS DECEDENT OF HISPANIC ORIGIN? Specify: No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: White		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 Wade H. Clemens		18. MOTHER - NAME first middle maiden Jessie I. Peck	
19. INFORMANT - NAME and relationship to deceased Barbara B. Clemens, wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" 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 <i>Marion Reid</i>		21b. LICENSE NUMBER (Of Licensee) 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) AUG 17 1989		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
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. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 3:00 A.M.		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>Robert P. Brouillard</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 8/17/89			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert P. Brouillard, M.D., 2865 Daggett Street, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) Cancer of the lung (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.			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
36. DATE OF INJURY (Month, Day, Year)		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. TIME OF INJURY M		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DESCRIBE HOW INJURY OCCURRED	
41a. PLACE OF INJURY - At home, farm, store, factory, office, building, etc. (Specify)		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RECEIVED FOR REGISTRAR'S USE

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45-2 REV. 1-89

DATE ISSUED

AUG 18 1989

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Barbara Clemens the 21st day of Aug. A.D., 19 89 at 10:55 o'clock AM., and duly recorded in Vol. M89 of Deeds on Page 15503.

Evelyn Biehn, County Clerk

By Donna A. Verling

FEE \$8.00

Return: Barbara Clemens
4301 Winter, Klamath Falls, Or. 97603