OREGON DEPARTMENT OF HUMAN RESOURCES

53963
I.D. TAG NO.

339
Local File Number

# HEALTH DIVISION
## Vital Records Unit
## CERTIFICATE OF DEATH

138-
State File Number

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. DECEDENT'S NAME — First: Norma | Middle: A. | Last: KISER | 2. SEX: F | 3. DATE OF DEATH (Month, Day, Year): August 2, 1989 | | |
| 4. SOCIAL SECURITY NUMBER: 556-32-7381 | 5a. AGE - Last Birthday (Years): 62 | 5b. Under 1 Year: Mon. / Days | 5c. Under 1 Day: Hours / Mins. | 6. BIRTHPLACE (City and State or Foreign Country): Stigler, OK | 7. DATE OF BIRTH (Month, Day, Year): May 23, 1927 | |
| 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. FACILITY NAME (If not institution, give street and number): 210 Leach Drive | 9c. CITY, TOWN, OR LOCATION OF DEATH: Midland | 9d. COUNTY OF DEATH: Klamath | | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Restaurant Owner / Manager | 10b. KIND OF BUSINESS/INDUSTRY: Restaurant | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married | 12. SPOUSE (If Married, Widowed): Roy | | | |
| 13a. RESIDENCE - STATE: Oregon | 13b. COUNTY: Klamath | 13c. CITY, TOWN, OR LOCATION: Midland | 13d. STREET AND NUMBER: 210 Leach Drive | | | |
| 13e. INSIDE CITY LIMITS? ☒ Yes ☐ No | 13f. ZIP CODE: 97634 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: | 15. RACE American Indian, Black, White, etc. (Specify): White | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 | College (1-4 or 5+): | |
| 17. FATHER - NAME first middle last: Alonzo E. Ritchie | 18. MOTHER - NAME first middle maiden: Nettie Elizabeth Holloway | 19. INFORMANT - NAME and relationship to deceased: Roy Kiser, husband | | | | |
| 20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify) | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Picard Cemetery | 20c. LOCATION - City or Town, State: Dorris, California | | | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid | 21b. LICENSEE 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 4 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 | | | | | |

**TO BE COMPLETED BY CERTIFYING PHYSICIAN**

| | |
|---|---|
| 27. TIME OF DEATH: 7:55 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): John Hobbs M.D. | |
| 30. DATE SIGNED (Month, Day, Year): August 3, 1989 | |

**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 |

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John M. Hobbs, M.D., 1900 Main Street, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | |
|---|---|---|
| 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. | | Interval between onset and death |
| PART I (a) Extensive metastatic carcinoma of cervix | | 1½ wks |
| DUE TO, OR AS A CONSEQUENCE OF: (b) Recurrent squamous cell carcinoma of cervix | | 6 mos. |
| DUE TO, OR AS A CONSEQUENCE OF: (c) Primary squamous cell carcinoma of cervix | | 28 yrs |
| 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? | 38. AUTOPSY | 39. If YES were findings considered in determining cause of death? |
|---|---|---|
| ☐ Yes ☒ No ☐ Probably ☐ Unk | ☐ Yes ☒ No | ☐ Yes ☐ No ☐ N/A |

| | | | | |
|---|---|---|---|---|
| 40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ 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) |

RESERVED FOR REGISTRAR'S USE

**ORIGINAL — VITAL STATISTICS COPY**

45-2 REV. 1-89

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

DATE ISSUED AUG 4 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 Roy Kiser the 24th day of Aug. A.D., 19 89 at 1:00 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 15822.

Evelyn Biehn County Clerk
By Donna Mullendore

FEE $8.00
Return: Roy Kiser
P.O. Box 97, Midland, Or. 97634