

66515
LD. TAG NO.

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

138

Local File Number

State File Number

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1. DECEDENT'S NAME First: Chloris Middle: Marie Last: MEYER			2. SEX F	3. DATE OF DEATH (Month, Day, Year) August 15, 1989
4. SOCIAL SECURITY NUMBER 542-34-7191			5. AGE (at death) 74	6. DATE OF BIRTH (Month, Day, Year) March 15, 1915
7. PLACE OF BIRTH (City and State or Foreign) Herfall, Iowa			8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY (Name of establishment, street number) Providence Hospital			10. CITY, TOWN, OR LOCATION OF DEATH Medford	
11. COUNTY OF DEATH Jackson			12. DECEDENT'S USUAL OCCUPATION (Other than work done during most of working life. Do not use retired) Housewife	
13. KIND OF BUSINESS/INDUSTRY Homemaking			14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
15. SPOUSE (If Married, Widowed) Raymond H. A.			16. RACE American Indian, Black, White, etc. (Specify) White	
17. RESIDENCE - STATE Oregon			18. EDUCATION (Specify only highest grade completed) 9	
19. COUNTY Klamath			20. STREET AND NUMBER 5443 Peggy Avenue	
21. CITY, TOWN, OR LOCATION Klamath Falls			22. DEEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Colleges (14 or 5+)	
23. FATHER - Name first, middle, last John Wesley Olson			24. MOTHER - Name first, middle, maiden Fern Lucille Scherer	
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> None set for State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
27. SIGNATURE OF FUNERAL HOME PERSON (Typed and signed) <i>William J. [Signature]</i>			28. LICENSURE NUMBER (Of License) 47-3104	
29. DATE FILED (Month, Day, Year) AUG 16 1989			30. INFORMANT - Name and relationship to decedent Elaine R. Minger, daughter	
31. DID MOST VITAL REPRESENTATIVE SIGNIFY REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			32. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
33. TIME OF DEATH 0350 A.M.			34. DATE OF DEATH August 15, 1989	
35. SIGNATURE OF MEDICAL EXAMINER <i>Kenneth R. Ampe</i>			36. DATE SIGNED (Month, Day, Year) August 15, 1989	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Kenneth R. Ampe, MD, 483 Murphy Road, Medford, Oregon 97504			38. NAME OF ATTENDING PHYSICIAN (If other than certifier) [Blank]	
39. IMMEDIATE CAUSE (ENTER ONE) ONE CAUSE PER LINE FOR (A), (B), AND (C). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) Cardiac arrest (b) acute infarctive MI (c) Coronary artery disease			40. INTERVAL BETWEEN ONSET AND DEATH	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Etc. <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			42. 41a. DATE OF INJURY (Month, Day, Year)	
43. 41b. TIME OF DEATH			44. 41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. 41d. PLACE OF INJURY - At home, in street, factory, office, etc. (Specify)			46. 41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
47. 41f. DESCRIBE HOW INJURY OCCURRED				

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-80

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

AUG 16 1989

DATE ISSUED

Henry Collins Jr
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of William L. Sisemore the 1st day of Sept. A.D., 19 89 at 3:48 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 16562

FEE \$8.00

Return: Wm. L. Sisemore
540 Main, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By *[Signature]*