

B-7220
I.D. TAG NO.

114

Local File Number

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

136-

State File Number

DECEDENT

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1. DECEDENT'S NAME First: Myrtle Middle: Edna Last: ENGLE		2. SEX F	3. DATE OF DEATH (Month, Day, Year) March 5, 1989
4. SOCIAL SECURITY NUMBER 540-38-6573		5a. AGE - Last Birthday (Years) 58	5b. Under 1 Year 5c. Under 1 Day 5d. Under 1 Hour 5e. Under 1 Minute
6. BIRTHPLACE (City and State or Foreign Country) Loup Co. NE		7. DATE OF BIRTH (Month, Day, Year) November 10, 1930	
8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home	
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Clifford	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Fort Klamath		13d. STREET AND NUMBER P.O. Box 442	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97626	
14. 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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input checked="" type="checkbox"/> College (1-4 or 5+)		17. FATHER - NAME first middle last Albert - Brown	
18. MOTHER - NAME first middle maiden Hazel - Frank		19. INFORMANT - NAME and relationship to decedent Clifford Engle, husband	
20a. METHOD OF DISPOSITION <input 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	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merle Reid		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		23. DATE FILED (Month, Day, Year) MAR 7 1989	
24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	

PARENTS

DISPOSITION

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REGISTRAR

TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

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