

1.D. TAG NO.

408

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION MTC 1396-1838  
Vital Records Unit  
CERTIFICATE OF DEATH 138- State File Number

1. DECEDENT'S NAME First: <b>Pearle</b> Middle: <b>May</b> Last: <b>MILLER</b>		2. SEX <b>F</b>	3. DATE OF DEATH (Month, Day, Year) <b>Sept. 16, 1989</b>
4. SOCIAL SECURITY NUMBER <b>54178/1183</b>		5. BIRTHPLACE (City and State or Foreign Country) <b>LaFayette Co., In.</b>	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <b>Sept. 21, 1890</b>	
8. FACILITY NAME (if not institution, give street and number) <b>West Care Home</b>		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Housewife</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
12. COUNTY OF DEATH <b>Klamath</b>		13. STREET AND NUMBER <b>1902 Riverside Drive</b>	
14. RESIDENCE - STATE <b>Oregon</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. RESIDENCE - CITY <b>Klamath Falls</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College (1-4 or 5+)</b>	
18. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. INFORMANT - Name and relationship to deceased <b>Freda Stone / Daughter</b>	
20. ZIP CODE <b>97601</b>		21. LICENSE NUMBER (Of Licensee) <b>3409</b>	
22. FATHER - NAME first middle last <b>Jesse Nath. Reppert</b>		23. MOTHER - NAME first middle maiden <b>Iva Alice Burns</b>	
24. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Memorial Gardens</b>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		27. NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</b>	
28. DATE FILED (Month, Day, Year) <b>SEP 19 1989</b>		29. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. TIME OF DEATH <b>M</b>	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <b>0430</b> 28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. DATE PRONOUNCED DEAD (Month, Day, Year, hour) <b>M</b>	
34. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		35. 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) <i>[Signature]</i>	
36. DATE SIGNED (Month, Day, Year) <b>9/18/89</b>		37. DATE SIGNED (Month, Day, Year) <b>9/18/89</b>	
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Barbara Gilbertson, MD / 1905 Main St. / Klamath Falls, Oregon / 97601</b>		39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
40. 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) <b>Dementia - Chronic</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Severe peripheral vascular disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>OTHER SIGNIFICANT CONDITIONS -</b> Conditions contributing to death but not related to cause given in PART I.		41. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Not	
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. DATE OF INJURY (Month, Day, Year)		45. TIME OF INJURY <b>M</b>	
46. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. DESCRIBE HOW INJURY OCCURRED		49. 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 **SEP 19 1989**  
After recording return to:  
**Freda Stone, 220 N. 4th, Apt. 6, Klamath Falls, OR 97601**

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

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

**Mountain Title Co.**  
on this **20th** day of **Sept.** A.D. 1989  
at **12:45** o'clock **P.M.** and duly recorded  
in Vol. **M89** of **Deeds** Page **17710**  
Evelyn Biehn  
County Clerk  
By *[Signature]* Deputy.

Fee, \$8.00

MOUNTAIN TITLE COMPANY, Inc. has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.