

060586

I.D. TAG NO.

410

Local File Number

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

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: <u>Ruby</u> Middle: <u>Eleanor</u> Last: <u>Knight PENCE</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>September 18, 1989</u>
4. SOCIAL SECURITY NUMBER <u>541-09-9264</u>		5a. AGE - Last Birthday (Years) <u>82</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) <u>July 31, 1907</u>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <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) <u>  </u>			
9a. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Home Maker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Douglas Wallace</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>801 Martin Street</u>	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. ZIP CODE <u>97601</u>	
16. 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: <u>  </u>		17. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
18. FATHER - NAME first middle last <u>Joseph Everett Knight</u>		19. MOTHER - NAME first middle maiden <u>India - Norris</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merrell Reid</u>		21b. LICENSE NUMBER (Of Licensee) <u>3329</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u>		23. DATE FILED (Month, Day, Year) <u>SEP 20 1989</u>	
24. SIGNATURE OF REGISTRAR <u>Nancy Kennedy</u>		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. TIME OF DEATH <u>4:48 P.</u>		27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Dale S. McDowell, Jr.</u> M.D.		29. 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) <u>  </u>	
30. DATE SIGNED (Month, Day, Year) <u>September 19, 1989</u>		31. DATE SIGNED (Month, Day, Year) <u>  </u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Dale S. McDowell, M.D., 2680 C Uhrmann Road, Klamath Falls, Oregon 97601</u>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>	
34. 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) <u>MYOCARDIAL INFARCTION</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>CORONARY ATHEROSCLEROSIS</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>DIABETES MELLITUS</u>		35. INTERVAL BETWEEN ONSET AND DEATH <u>  </u>	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. PART II <u>  </u>		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year) <u>  </u>	
41b. TIME OF INJURY <u>  </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		41e. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

## ORIGINAL - VITAL STATISTICS COPY

45-2 REV 1-85

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

DATE ISSUED SEP 20 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 Douglas Pence the 20th day of Sept., A.D., 19 89 at 4:15 o'clock P M., and duly recorded in Vol. M89 of Deeds on Page 17830.

Evelyn Biehn . County Clerk  
By Rauline Muelendore

FEE \$8.00

Return: Douglas Pence  
14400 Dickens St. #305, Sherman Oaks, Ca. 91423