

C 4723  
LD. TAG NO.  
384  
Local File Number

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

136-

State File Number

DECEDENT

1. DECEDENT'S NAME First: Hazel Middle: Irene Last: SLOAN	2. SEX Female	3. DATE OF DEATH (Month, Day, Year) August 30, 1989
4. SOCIAL SECURITY NUMBER 541-09-9473	5a. AGE - Last Birthday (Years) 74	5b. Under 1 Year Mos. Days Hours Mins.
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) October 15, 1914	8. BIRTHPLACE (City and State or Foreign Country) Big Horn, Wyoming
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) Highland Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
9d. COUNTY OF DEATH Klamath		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Real Estate Broker	10b. KIND OF BUSINESS/INDUSTRY Real Estate Sales	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced) Donald L.	13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath
13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER Rt. 5, Box 1304	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97601	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) College (14 or 5+) 12	
17. FATHER - NAME first middle last Fred - Hilman		18. MOTHER - NAME first middle maiden Alice - Stahl
19. INFORMANT - NAME and relationship to deceased Donald L. Sloan, Husband		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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
20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mike Olo</i>		21b. LICENSE NUMBER (Of Licensee) 3287
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) SEP 5 1989		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A

CERTIFIER

27. TIME OF DEATH 7:30 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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) <i>Kenneth K. Magee</i> M.D.			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Kenneth K. Magee</i> M.D.		33. DATE SIGNED (Month, Day, Year) September 1, 1989			
30. DATE SIGNED (Month, Day, Year) September 1, 1989		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main St., Klamath Falls, Oregon 97601			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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.) PART I (a) Rt. Lower Lobe Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Severe Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Years of Smoking PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Dementia (probable Alzheimer)		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input 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 Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41i. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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45-2 REV. 1-89

DATE ISSUED SEP 5 1989

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald L. Sloan the 21st day of Sept. A.D., 19 89 at 10:37 o'clock A.M., and duly recorded in Vol. M89 of Deeds on Page 17845.

FEE \$8.00

Return: Donald Sloan

Rt. 5, Box 1304, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By *Pauline Miller*