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

I.D. TAG NO. 068203
Local File Number 513
State File Number 136-

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Theresa	Alma	SCHMOE	Female	December 1, 1989

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. Under 1 Year Mos. / Days	5c. Under 1 Day Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
563-42-8421	54			Alicia, Arkansas	December 19, 1934

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
3049 Delaware	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Housewife	At Home	Married	Robert E.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	3049 Delaware

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	97603	Specify: ☒ No ☐ Yes	White		2

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Owen Walker Selvidge	Alma Ora McGuffey	Robert E. Schmoe - Hus.

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Klamath Memorial Park	Klamath Falls, Ore.

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Jim Lancaster	3224	Ward's Klamath Funeral Home/ 1945 Main St Klamath Falls, Oregon 97601

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
DEC 5 1989	Nancy Kennedy

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
10:28 A M	☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

30. DATE SIGNED (Month, Day, Year) 12/4/89

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	M

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: MEDICAL EXAMINER (Type or Print)
F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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.

		Interval between onset and death
PART I (a)	Probable Cerebral Ischemia or Arrhythmia	Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b)	Prosthetic Mitral-Aortic Valve	6 mo
DUE TO, OR AS A CONSEQUENCE OF: (c)	Rheumatic Heart Disease	30 yrs

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ No ☐ Probably ☒ Unk	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL — VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED DEC 5 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 Robert E. Schmoe the 8th day of Dec. A.D., 19 89 at 3:56 o'clock PM., and duly recorded in Vol. M89 of Deeds on Page 23790.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00
Return: Robert E. Schmoe
3049 Delaware, Klamath Falls, Or. 97603