

I.D. TAG NO.

237

Local File Number

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

138-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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8

9

REGISTRAR

25

10

11

CERTIFIER

12

13

14

CONDITIONS

IF ANY

WHICH GIVE

RISE TO

IMMEDIATE

CAUSE

STATING THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

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1. DECEDENT'S NAME First: Lawrence Middle: Gene Last: DUFFY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 10, 1990
4. SOCIAL SECURITY NUMBER 543/01/9857		5a. AGE - Last (Years) 69	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Plummer, Id.		7. DATE OF BIRTH (Month, Day, Year) February 5, 1921	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> COA <input 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 & city number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Shop Owner	
10a. DECEASED'S USUAL OCCUPATION (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		10b. KIND OF BUSINESS/INDUSTRY Meat Cutting	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Bettye	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3860 Bristol Avenue	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12		17. College (14 or 5+)	
17. FATHER - NAME first middle last Phillip Joseph Duffy		18. MOTHER - NAME first middle maiden Amanda - Haggard	
19. INFORMANT - NAME and relationship to deceased Bettye Duffy / Wife		20. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State	
20a. METHOD OF DISPOSITION (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CONTACTING AS SUCH <i>James H. Haggard</i>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CONTACTING AS SUCH		21b. LICENSE NUMBER (Of Licensee) 3409	
22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		23. DATE FILED (Month, Day, Year) JUN 12 1990	
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		27. TIME OF DEATH 0730 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Jon G. McKellar</i>	
30. DATE SIGNED (Month, Day, Year) 6/11/90		31. TIME OF DEATH 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 CERTIFYING MEDICAL EXAMINER (Type or Print) Jon G. McKellar, MD / 2300 Clairmont / 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) DUE TO, OR AS A CONSEQUENCE OF: Lung Cancer		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41d. DESCRIBE HOW INJURY OCCURRED	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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

45-2 REV. 1-89

DATE ISSUED

JUN 13 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bette Duffy the 21st day
of June A.D. 19 90 at 11:14 o'clock A.M., and duly recorded in Vol. M90
of Deeds on Page 12235

FEE \$8.00

Evelyn Biehn - County Clerk

By Donna A. Verling

Return: Bette Duffy
3860 Bristol, Klamath Falls, Or. 97603