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Vol. m90 Page 12625

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISIONVital Records Unit
CERTIFICATE OF DEATH

C 4758

I.D. TAG NO.

256

Local File Number

136-

State File Number

1. DECEDENT'S NAME First: <u>David</u> Middle: <u>Lee</u> Last: <u>AREY</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 18, 1990</u>		
4. SOCIAL SECURITY NUMBER <u>543-38-6313</u>		5a. AGE - Last Birt day (Years) <u>53</u>	5b. Under 1 Year Days: <u>53</u> Hours: <u>00</u> Mins: <u>00</u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Eugene, Oregon</u>	7. DATE OF BIRTH (Month, Day, Year) <u>July 30, 1936</u>
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 type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA		9b. COUNTY OF DEATH <u>Klamath</u>	
9c. FACILITY NAME (If not institution, give street and number) <u>Merle West Medical Center</u>		9d. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Marine</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Marina Service Manager</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Marine</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. RESIDENCE - STATE <u>Oregon</u>		13. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13a. STREET AND NUMBER <u>6316 Bryant Avenue</u>	
13b. RESIDENCE - STATE <u>Oregon</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>6316 Bryant Avenue</u>	
13e. RESIDENCE - CITY <u>Klamath Falls</u>		13f. ZIP CODE <u>97603</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>White</u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>		16. INFORMANT - NAME and relationship to deceased <u>Marleone Arey, wife</u>		17. SPOUSE (If Married, Widowed) <u>Marleone Arey</u>	
17. FATHER - NAME first middle last <u>Carlyle Whitton Arey</u>		18. MOTHER - NAME first middle maiden <u>Ruth - Rickabaugh</u>		19. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>		21. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (If Licensee) <u>3287</u>		22. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
22. DATE FILED (Month, Day, Year) <u>JUN 25 1990</u>		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		24. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN		26. TO BE COMPLETED ONLY BY MEDICAL EXAMINER		27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <u>6:30 P. M.</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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>[Signature]</u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Edward T. McChire, M.D., 2301 Clairmont Street, Klamath Falls, Oregon 97601</u>		31. NAME OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print) <u>[Blank]</u>		32. DATE SIGNED (Month, Day, Year) <u>6/25/90</u>	
33. 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)		34. INTERVAL BETWEEN ONSET AND DEATH		35. INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Massive Pulmonary Emboli and Pulmonary Edema</u>		Interval between onset and death		Interval between onset and death	
(b) <u>Bronchogenic Carcinoma with Lymphatic Obstruction</u>		Interval between onset and death		Interval between onset and death	
(c) <u>OTHER SIGNIFICANT CONDITIONS:</u> Conditions contributing to death but not related to cause given in PART I.		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		37. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year) <u>[Blank]</u>		40. TIME OF INJURY <u>[Blank]</u>	
41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>[Blank]</u>		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. DESCRIBE HOW INJURY OCCURRED <u>[Blank]</u>	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>[Blank]</u>		45. DATE OF DEATH (Month, Day, Year) <u>[Blank]</u>		46. TIME OF DEATH <u>[Blank]</u>	

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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

JUN 25 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 Marleone Arey the 27th day
of June A.D., 19 90 at 2:19 o'clock P.M. and duly recorded in Vol. M90
of Deeds on Page 12625
By Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00

Return: Marleone Arey
6316 Bryant, Klamath Falls, Or. 97603