

CERTIFICATION OF VITAL RECORD

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

C 4758
I.D. TAG NO.
256
Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: David Lee AREY

2. SEX: M 3. DATE OF DEATH (Month, Day, Year): June 18, 1990

4. SOCIAL SECURITY NUMBER: 543-38-6313 5a. AGE - Last BIRTH DAY (Years): 53 5b. Under 1 Year: 0 5c. Under 1 Day: 0 6. BIRTH PLACE (City and State or Foreign Country): Eugene, Oregon 7. DATE OF BIRTH (Month, Day, Year): July 30, 1938

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

9a. PLACE OF DEATH (Check only one): Home Nursing Home Decedent's Home Other (Specify) _____

9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls 9c. COUNTY OF DEATH: Klamath

10. FACILITY NAME (If not in institution, give street and number): Merle West Medical Center

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married 12. SPOUSE (If Married, Widowed): Marleone Arey

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Klamath 13c. CITY, TOWN, OR LOCATION: Klamath Falls 13d. STREET AND NUMBER: 6316 Bryant Avenue

14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Marina Service Manager 15. KIND OF BUSINESS/INDUSTRY: Marine

16. RACE American Indian, Black, White, etc. (Specify): White 17. DECEDENT'S EDUCATION (Specify only highest grade completed): 11

18. MOTHER - NAME (first middle last): Carlyle Whitton Arey 19. INFORMANT - NAME and relationship to decedent: Marleone Arey, wife

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation 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

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 21b. LICENSE NUMBER (If Licensed): 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): JUN 25 1990 24. REGISTRAR'S SIGNATURE: Nancy Kennedy

25. DID HOSPITAL REPRESENTATIVE ASK FOR ANATOMICAL GIFT CONSENT? YES NO N/A

26. WAS GIFT MADE? YES NO N/A

CERTIFIER

27. TIME OF DEATH: 6:30 P. M. 28. WAS MEDICAL EXAMINER NOTIFIED? 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) [Signature] M.D.

30. DATE SIGNED (Month, Day, Year): 6/25/90

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Medical Examiner) (Type or Print): Edward T. McClure, M.D., 2301 Clairmont Street, Klamath Falls, Oregon 97601

32. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print): _____

CAUSE OF DEATH

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)

(a) Massive Pulmonary Emboli and Pulmonary Edema Interval between onset and death: _____

(b) Bronchogenic Carcinoma with Lymphatic Obstruction Interval between onset and death: _____

(c) OTHER SIGNIFICANT CONDITIONS: _____

34. MANNER OF DEATH: Natural Pending Investigation Accident Undetermined Manner Suicide Homicide Legal Intervention

35. DATE OF INJURY (Month, Day, Year): _____ 36. TIME OF INJURY: _____ 37. INJURY AT WORK? Yes No

38. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): _____

39. DID TOBACCO USE CONTRIBUTE TO THE DEATH? Yes No Probably Unk Yes No N/A

40. AUTOPSY: Yes No

41. YES were findings considered in determining cause of death? Yes No N/A

42. DESCRIBE HOW INJURY OCCURRED: _____

43. LOCATION (Street and Number or Rural Route Number, City or Town, State): _____

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

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

DATE ISSUED JUN 25 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 27th day
Filed for record at request of Marleone Arey
of June A.D., 19 90 at 2:19 o'clock P.M. and duly recorded in Vol. M90
of _____ of Deeds on Page 12625
By Evelyn Biehn County Clerk
[Signature]

FEE \$8.00
Return: Marleone Arey
6316 Bryant, Klamath Falls, Or. 97603

