

CERTIFICATION OF VITAL RECORD

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

I.D. TAG NO.

287

136-

State File Number

Local File Number

| | | | | | |
|---|--|--|--|--|--|
| 1. DECEDENT'S NAME First: <u>Nina</u> Middle: <u>Decima</u> Last: <u>Ingram</u> | | | 2. SEX <u>F</u> | 3. DATE OF DEATH (Month, Day, Year) <u>July 2, 1990</u> | |
| 4. SOCIAL SECURITY NUMBER <u>561/28/5416</u> | | 5a. AGE - Last Birthday (Years) <u>75</u> | 5b. Under 1 Year Mos. Days Hours Mins. | 6. BIRTHPLACE (City and State or Foreign Country) <u>Chandler, Ok.</u> | 7. DATE OF BIRTH (Month, Day, Year) <u>Oct. 3, 1914</u> |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" 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) <u>Plum Ridge Care Center</u> | | | 9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u> | | 9d. COUNTY OF DEATH <u>Klamath</u> |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Homemaker</u> | | 10b. KIND OF BUSINESS/INDUSTRY <u>At Home</u> | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u> | |
| 12. SPOUSE (If Married, Widowed) <u>Turner R.</u> | | | | | |
| 13a. RESIDENCE - STATE <u>Oregon</u> | | 13b. COUNTY <u>Klamath</u> | | 13c. CITY, TOWN, OR LOCATION <u>Malin</u> | |
| 13d. STREET AND NUMBER <u>28202 Demeritt Road</u> | | | | | |
| 13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 13f. ZIP CODE <u>97632</u> | | 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) <u>White</u> | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>8</u> College (14 or 5+) _____ | | | |
| 17. FATHER - NAME first middle last <u>William F. Oakley</u> | | | 18. MOTHER - NAME first middle maiden <u>Iby Evelyn Huffman</u> | | |
| 19. INFORMANT - NAME and relationship to deceased <u>Turner Ingram / Husb.</u> | | | | | |
| 20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) <u>Eternal Hills Memorial Gardens</u> | | | | | |
| 20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u> | | | | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James L. Field</u> | | | 21b. LICENSE NUMBER (Of licensee) <u>3409</u> | | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Ore. / 97601</u> | | | | | |
| 23. DATE FILED (Month, Day, Year) <u>JUL 10 1990</u> | | | 24. REGISTRAR'S SIGNATURE <u>Donna A. Verling</u> | | |
| 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 | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | | |
| 27. TIME OF DEATH <u>1900</u> | | 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) <u>Rand Hale</u> | | | | | |
| 30. DATE SIGNED (Month, Day, Year) <u>7.10.90</u> | | | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>R. Rand Hale, MD / 1000 Pine Street / Klamath Falls, Oregon / 97601</u> | | | | | |
| 32. 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 | | | | | |
| 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.) PART I (a) <u>M40 cardiac infarction</u> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Diagnosed HS with neurogenic bladder, bowel</u> <u>2 degenerative disc</u> | | | | | |
| 34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal intervention | | | | | |
| 35a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 35b. TIME OF INJURY <u>M</u> | | 35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 37. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| 38. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk | | | | | |
| 39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 40. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | | | | |

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 JUL 10 1990Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17 day
of July A.D., 19 90 at 4:17 o'clock P M., and duly recorded in Vol. M90,
of _____ Deeds _____ on Page 14200.Evelyn Biehn County Clerk
By Donetha A. Verling

FEE 8.00