

E-3156
I.D. TAG NO.
147
Local File Number

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

1790 Page 1446
136- State File Number

17791

DECEDENT

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5
6

PARENTS

DISPOSITION

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8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS IF ANY WHICH GAVE RISE TO UNDERLYING CAUSE LAST

CAUSE OF DEATH

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16

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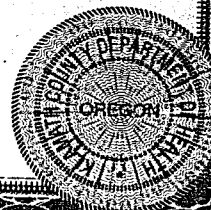
1. DECEDENT'S NAME First: Thelma Middle: Evelyn Last: SHORT		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 5, 1990
4. SOCIAL SECURITY NUMBER 542-40-8318		5a. AGE - Last Birthday (Years) 70	5b. Under 1 Year Mths. Days
6. BIRTHPLACE (City and State or Foreign) Medford, Oregon		7. DATE OF BIRTH (Month, Day, Year) January 16, 1920	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☒ Other ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
14. SPOUSE (If Married, Widowed) John A.		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	
16. KIND OF BUSINESS/INDUSTRY Homemaking		17. STREET AND NUMBER 7504 Short Road	
18. CITY, TOWN, OR LOCATION Klamath Falls		19. ZIP CODE 97603	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (American Indian, Black, White, etc. (Specify)) White	
22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	
24. FATHER - NAME first middle last Pearl - Pruett		25. MOTHER - NAME first middle last Mary - Williams	
26. METHOD OF DISPOSITION (Specify No or Yes - If yes, specify Cremation, Burial, Donation, Other (Specify)) Burial		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William F. Davenport		29. LICENSE NUMBER (Of Licensee) 47-3104	
30. DATE FILED (Month, Day, Year) APR 6 1990		31. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
32. REGISTRAR'S SIGNATURE Dance Kennedy		33. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A	
34. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 1918 P M 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No			
35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M M 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			
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) 37. DATE SIGNED (Month, Day, Year) COUNTY			
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Alden B. Clidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE - IT LIES FOR (a), (b), AND (c). Do not overstate or use terms such as "Cardiac Arrest". (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS - Contributing to death but not related to cause given in PART I. Malignant Breast Carcinoma Sepsis Parkinson's Disease			
41. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Legal Intervention			
42. DATE OF INJURY (Month, Day, Year) 43. TIME OF INJURY 44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 45. INJURY AT WORK? ☐ Yes ☒ No			
46. DESCRIBE HOW INJURY OCCURRED 47. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV 1-89

DATE ISSUED APR 9 1990

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



STATE OF OREGON, County of Klamath ss.
I certify that the within instrument was received for record on the 19th day of July, 1990, at 1:59 o'clock P.m., and recorded in Volume M 90 on page 14409 in the Official Records of Klamath County, Oregon.

Witness my hand and official seal.

EVELYN BIEHN, County Clerk

By: Bernetha D. Letsch Deputy

Fee \$8.00

AFTER RECORDING, RETURN TO:
Michael C. Miller
601 Main Street, Suite 210
Klamath Falls OR 97601-6007