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

17791

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

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State File Number

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: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Medford, Oregon	7. DATE OF BIRTH (Month, Day, Year): January 16, 1920

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

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife	10b. KIND OF BUSINESS/INDUSTRY: Homemaking	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): John A.		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 7504 Short Road		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):	

PARENTS: 17. FATHER - NAME first middle last: Pearl - Pruett	18. MOTHER - NAME first middle maiden: Mary - Williams	19. INFORMANT - NAME and relationship to deceased: John A. Short, husband
DISPOSITION: 20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, OR 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport	21b. LICENSE NUMBER (Of Licensee): 47-3104	22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
REGISTRAR: 23. DATE FILED (Month, Day, Year): APR 6 1990		24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER: 27. TIME OF DEATH: 1918 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): Alden B. Glidden	
30. DATE SIGNED (Month, Day, Year): April 6, 1990	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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 CERTIFIER/MEDICAL EXAMINER (Type or Print): Alden B. Glidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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: Metastatic Breast Carcinoma — Interval between onset and death: years
(b) DUE TO, OR AS A CONSEQUENCE OF: Infiltrating Ductal — Interval between onset and death: 1984
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Parkinson's Disease

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk	38. AUTOPSY ☐ Yes ☒ No	39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A		
40. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☒ No	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

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45-2 REV. 1-89

DATE ISSUED: APR 9 1990

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

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