

082519

I.D. TAG NO.

294

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

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

CAUSE OF DEATH

| | | | | |
|---|--|--|---|--|
| 1. DECEDENT'S NAME First: Michael Middle: William Last: SIGADO | | | 2. SEX M | 3. DATE OF DEATH (Month, Day, Year) July 15, 1990 |
| 4. SOCIAL SECURITY NUMBER 171-07-2023 | | 5a. AGE - Last Birthday (Years) 90 | 5b. Under 1 Year Mos. Days Hours Mins. | 6. BIRTHPLACE (City and State or Foreign) Bens Creek, PA. |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7. DATE OF BIRTH (Month, Day, Year) March 28, 1900 | | |
| 8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | |
| 9a. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center | | | 9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 9c. COUNTY OF DEATH Klamath | | | | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/operator | | 10b. KIND OF BUSINESS/INDUSTRY Motel | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | | 12. SPOUSE (If Married, Widowed) Elda Alameda |
| 13c. CITY, TOWN, OR LOCATION Klamath Falls | | 13d. STREET AND NUMBER 918 Owens Street | | |
| 13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13f. ZIP CODE 97601 | | 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) White | | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 8 | | |
| 17. FATHER - NAME first middle last Daniel - Sigado | | 18. MOTHER - NAME first middle maiden Christina - | | 19. INFORMANT - NAME and relationship to decedent David L. Sigado, son |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park | | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Thompson</i> | | 22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194 | | |
| 23. DATE FILED (Month, Day, Year) JUL 16 1990 | | 24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i> | | |
| 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 | | |
| 27. TIME OF DEATH 0005 A.M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 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) <i>[Signature]</i> | | | | |
| 30. DATE SIGNED (Month, Day, Year) July 18, 1990 | | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John V. Kleeman, MD, 1905 Main Street, Klamath Falls, Oregon 97601 | | | | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | |
| 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. (a) <i>Caprotole</i> DUE TO, OR AS A CONSEQUENCE OF: | | | | |
| 35. (b) <i>Renal failure</i> DUE TO, OR AS A CONSEQUENCE OF: | | | | |
| 36. (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1. | | | | |
| 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | | | |
| 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention | | 41. DATE OF INJURY (Month, Day, Year) | | |
| 42. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 45. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | |

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS FORM,
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-89

DATE ISSUED JUL 16 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 Linda Sigado the 30th day
of July A.D., 19 90 at 11:48 o'clock A.M., and duly recorded in Vol. M90
of Deeds on Page 15153

FEE \$8.00

Return: Linda Sigado
5705 Alva, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk

By *Pauline Muehlenberg*