

082503  
I.D. TAG NO.219  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

State File Number

136-

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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CERTIFIER

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CONDITIONS  
F ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

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1. DECEDENT'S NAME First: <u>Elda</u> Middle: <u>Alameda</u> Last: <u>SIGADO</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>June 3, 1990</u>
4. SOCIAL SECURITY NUMBER <u>168-76-3796</u>	5a. AGE - Last Birthday (Years) <u>85</u>	5b. Under 1 Year Mos. <u>    </u> Days <u>    </u> Hours <u>    </u> Mins. <u>    </u>	6. BIRTHPLACE (City and State or Foreign) <u>Benscreek, PA</u>
7. DATE OF BIRTH (Month, Day, Year) <u>May 21, 1905</u>		8. 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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>    </u>	
9. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		10. COUNTY OF DEATH <u>Klamath</u>	
11. MARITAL STATUS - <u>Married</u> (Specify only highest grade completed) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Michael William</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>918 Owens Street</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEASED'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. INFORMANT - NAME and relationship to decedent <u>David L. Sigado, son</u>	
18. FATHER - NAME first middle last <u>Jeremiah - Earnest</u>		19. MOTHER - NAME first middle maiden <u>Mable - Ritchie</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) <u>    </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>53-0124</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>		23. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
24. DATE FILED (Month, Day, Year) <u>JUN 4 1990</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. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>0500</u> <u>A</u> <u>M</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>[Signature]</u>			
30. DATE SIGNED (Month, Day, Year) <u>June 4, 1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Jon G. McKellar, MD, 2300 Clairmont, Klamath Falls, Oregon 97601</u>			
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.)			
(a) <u>Arteriosclerotic Cardiovascular Disease</u>		Interval between onset and death	
(b) <u>CHE</u>		Interval between onset and death	
(c) <u>    </u>		Interval between onset and death	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		35. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. 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		39. DATE OF INJURY (Month, Day, Year) <u>    </u>	
40. TIME OF INJURY <u>    </u>		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>    </u>		43. DESCRIBE HOW INJURY OCCURRED <u>    </u>	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>    </u>			

45-2 REV. 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL DOCUMENT OFFICALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED JUN 4 1990Donna 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 15154Evelyn Biehn - County Clerk  
By Pauline MullendoreFEE \$8.00  
Return: Linda Sigado  
5705 Alva, Klamath Falls, Or. 97603