

55296
LD. TAG NO.

Local File Number

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

138-

State File Number

1. DECEDENT'S NAME First: Thelma Middle: - Last: JONES		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 30, 1989			
4. SOCIAL SECURITY NUMBER 544-20-2953		5a. AGE - Last Birthday (Years) 80	5b. Under 1 Year Mos. 0 Days 0	5c. Under 1 Day Hours 0 Mins. 0	6. BIRTHPLACE (City and State or Foreign Country) Malad, Idaho	7. DATE OF BIRTH (Month, Day, Year) August 16, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9a. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical 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 At Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Neal C.
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 1521 Avalon
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) 10						
17. FATHER - NAME first middle last Henry M. Jensen		18. MOTHER - NAME first middle maiden Annie - Gleed		19. INFORMANT - NAME and relationship to decedent Neal C. Jones - Spouse		
20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY WARD'S / 1945 Main St. Klamath Falls, Oregon 97601		
23. DATE FILED (Month, Day, Year) OCT 3 1989		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>				
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A				
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH 1330 M ☐ Yes ☒ No		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) <i>Randal A. Machado, M.D.</i>						
30. DATE SIGNED (Month, Day, Year) 10/3/89						
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal A. Machado, MD - 1905 Main St. - 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.						
PART I (a) Congestive Heart Failure		Interval between onset and death Hours				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Hours				
(b) Myocardial Infarction		Interval between onset and death Hours				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Hours				
(c) Coronary Heart Disease		Interval between onset and death Hours				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Diabetes mellitus, chronic Renal Failure		37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No		39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M ☐ Yes ☒ No		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)						

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452 REV. 1-89

DATE ISSUED **OCT 3 1989**DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal C. Jones the 15th day
of Aug. A.D., 19 90 at 10:45 o'clock A.M., and duly recorded in Vol. M90
of Deeds on Page 16330

FEE \$8.00

Evelyn Biehne - County Clerk
By Pauline MulendoreReturn: Neal C. Jones
1521 Avalon, Klamath Falls, Or. 97603