

E-3174  
I.D. TAG NO.

Local File Number  
261

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

136-

State File Number

DECEDENT

1  
2  
3  
4  
5  
6

PARENTS

DISPOSITION

7  
8  
9

REGISTRAR

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11

CERTIFIER

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13

14

CAUSE OF DEATH

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16  
17

1. DECEDENT'S NAME First: <u>Betty</u> Middle: <u>Joanne</u> Last: <u>NEALY</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>August 25, 1990</u>
4. SOCIAL SECURITY NUMBER <u>543-24-4127</u>	5a. AGE - Last Birthday (Years) <u>63</u>	5b. Under 1 Year Mos. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	5c. Under 1 Day Mins. <u>  </u>
6. BIRTHPLACE (City and State or Foreign) <u>Klamath Agency, OR</u>		7. DATE OF BIRTH (Month, Day, Year) <u>February 15, 1927</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. 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)			
9b. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Housewife</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Homemaking</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Robert Leroy</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	
13c. RESIDENCE - STREET AND NUMBER <u>1831 Fargo Street</u>		14. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (1-4 or 5+) <u>  </u>	
15. RACE American Indian, Black, White, etc. (Specify) <u>Amr Indian</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (1-4 or 5+) <u>  </u>	
17. FATHER - NAME first middle last <u>Foster - Barkley</u>		18. MOTHER - NAME first middle maiden <u>Tina - Hood</u>	
19. INFORMANT - NAME and relationship to decedent <u>Robert L. Nealy, husband</u>		20. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>	
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Nancy Kennedy</u>		24. LICENSE NUMBER (Of Licensee) <u>53-0124</u>	
25. DATE FILED (Month, Day, Year) <u>AUG 30 1990</u>		26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
27. TIME OF DEATH <u>1:45 P 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>Kenneth K. Magee</u>		30. DATE SIGNED (Month, Day, Year) <u>August 27, 1990</u>	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601</u>		32. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>	
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) <u>Cerebral metastasis</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Carcinoma of breast</u> DUE TO, OR AS A CONSEQUENCE OF: (c) <u>  </u> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>  </u>		34. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
35. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		38. DATE OF INJURY (Month, Day, Year) <u>  </u>	
39. TIME OF INJURY <u>  </u>		40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>  </u>		42. DESCRIBE HOW INJURY OCCURRED <u>  </u>	
43. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>		44. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>  </u>	

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DATE ISSUED - AUG 30 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 Robert Nealy the 4th day  
of Sept. A.D. 19 90 at 1:01 o'clock P M., and duly recorded in Vol. M90  
of Deeds on Page 17641  
By Evelyn Biehn County Clerk  
By Donna A. Verling

FEE \$8.00

Return: Robert Nealy  
1831 Fargo, Klamath Falls, Or. 97603