

E-3174  
I. D. TAG NO.  
361  
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
**CERTIFICATE OF DEATH** 136-

State File Number  
3 DATE OF DEATH (Month, Day, Year)  
August 25, 1990

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>
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"/> OOA <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>	
9d. COUNTY OF DEATH <u>Klamath</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. STREET AND NUMBER <u>1831 Fargo Street</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>10</u> College (11-4 or 5+)	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE <u>97603</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>Amr Indian</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>		20c. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		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>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
23. DATE FILED (Month, Day, Year) <u>AUG 30 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. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
27. TIME OF DEATH <u>1445 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) <u>August 27, 1990</u>		31a. TIME OF DEATH <u>M</u>	
34. 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>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
36. IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, eg. Cardiac or Respiratory Arrest.)		33. DATE SIGNED (Month, Day, Year)	
PART I (a) <u>Cerebral metastasis</u>		CITY	
(b) <u>Carcinoma of breast</u>		COUNTY	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk	
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 checked="" type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41c. TIME OF INJURY <u>M</u>	
41d. DESCRIBE HOW INJURY OCCURRED		41e. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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45-2 REV 1



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

DATE ISSUED - AUG 30 1990

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

Evelyn Biehn County Clerk  
By *[Signature]*

FEE \$8.00

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