

086769

I.D. TAG NO

345

Local File Number

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

136-

State File Number

1 DECEDENT'S NAME First: Orrin Middle: Homer Last: HANKINS			2 SEX M	3 DATE OF DEATH (Month, Day, Year) August 28, 1990
4 SOCIAL SECURITY NUMBER 540/26/4439	5a AGE - Last Birthday (Years) 77	5b Under 1 Year Mos Days	5c Under 1 Day Hours Mins	6 BIRTHPLACE (City and State or Foreign Country) Mont Rose Co., Co
7 DATE OF BIRTH (Month, Day, Year) August 6, 1913			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"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" 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) Clairmont Care 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) Truck Spotter		10b KIND OF BUSINESS/INDUSTRY Logging		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12 SPOUSE (If Married, Widowed) Alice		13a RESIDENCE - STATE Oregon		
13b CITY, TOWN, OR LOCATION Klamath Falls		13c STREET AND NUMBER 4750 Harlan Drive		
13d INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e ZIP CODE 97603		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
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+) 12		
17 FATHER - NAME first middle last Lawrence M. Hankins		18 MOTHER - NAME first middle maiden Jessie - Dement		19 INFORMANT - NAME and relationship to decedent Gary Hankins / Son
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		
20c LOCATION - City or Town, State Klamath Falls, Oregon		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James A. ...</i>		
21b LICENSE NUMBER (Of Licensee) 3409		22 NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		
23 DATE FILED (Month, Day, Year) AUG 30 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				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27 TIME OF DEATH 2330 M		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>F. Geoffrey Marx</i>				
30 DATE SIGNED (Month, Day, Year) 8/28/90				
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, MD / 2614 Clover / 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) <i>Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <i>Just</i>		
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <i>Alzheimers</i>				
37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39 # 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 type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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45-2 RE

DATE ISSUED

AUG 30 1990

Donna Q. Verling
DONNA Q. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gary Hankins the 6th day
of Sept. A.D., 19 90 at 2:11 o'clock P.M., and duly recorded in Vol. M90,
of Deeds on Page 17887

FEE \$8.00

Return: Gary Hankins

133 Henry, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By

Pauline Mullendore