

E5412  
I.D. TAG NO.

332

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 Middle Last <b>Robert</b> <b>Clare</b> <b>GLASSBROOK</b>	2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 10, 1990</b>
4. SOCIAL SECURITY NUMBER <b>366-09-4359</b>	5a. AGE - Last Birthday (Years) <b>73</b>	5b. Under 1 Year Mons. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. DATE OF BIRTH (Month, Day, Year) <b>June 5, 1917</b>	8. BIRTHPLACE (City and State or Foreign Country) <b>Detroit, Michigan</b>
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input 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) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>
9d. COUNTY OF DEATH <b>Klamath</b>		
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Quality Control Inspector</b>		
10b. KIND OF BUSINESS/INDUSTRY <b>Defense Contractor</b>		
11. MARITAL STATUS - <b>Married</b> Never Married, Widowed, Divorced (Specify) <b>Married</b>		
12. SPOUSE (If Married, Widowed) <b>Nellie</b>		
13a. RESIDENCE - STATE <b>Oregon</b>		
13b. COUNTY <b>Klamath</b>		
13c. CITY, TOWN, OR LOCATION <b>Klamath Falls</b>		
13d. STREET AND NUMBER <b>3533 Madison</b>		
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 Specify: _____		
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b> Elementary/Secondary (0-12) College (14 or 5+)		
17. FATHER - NAME first middle last <b>Clare V. Glassbrook</b>		
18. MOTHER - NAME first middle maiden <b>Martha G.</b>		
19. INFORMANT - NAME and relationship to deceased <b>Nellie / wife</b>		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" 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) <b>Eternal Hills Memorial Gardens</b>		
20c. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Perilynn Jennings</i>		21b. LICENSE NUMBER (Of Licensee) <b>1257</b>
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Wood's Klamath Funeral Home</b> <b>1945 Main Street</b> <b>Klamath Falls, Oregon 97601</b>		
23. DATE FILED (Month, Day, Year) <b>AUG 13 1990</b>		
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA		
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NIA		
27. TIME OF DEATH <b>0903</b> M <input type="checkbox"/> P <input checked="" type="checkbox"/> A		
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>James F. Novak MD</i>		
30. DATE SIGNED (Month, Day, Year) <b>8/10/90</b>		
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>James F. Novak, MD / 1905 Main Street / Klamath Falls, Oregon 97601</b>		
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) <b>Massive ischemic Stroke</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Diabetes Mellitus Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Diabetes Mellitus</b> PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Atherosclerosis Coronary Arteriosclerosis</b>		
34. INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>		
35. INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b>		
36. INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b>		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
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 checked="" type="checkbox"/> No <input type="checkbox"/> NIA		
40. 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"/> Legal Intervention <input type="checkbox"/> Homicide		
41a. DATE OF INJURY (Month, Day, Year) _____		
41b. TIME OF INJURY <b>M</b> <input type="checkbox"/> P <input type="checkbox"/> A		
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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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED **SEP 12 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 Nellie Glassbrook the 12th day  
of Sept. A.D., 19 90 at 9:54 o'clock AM., and duly recorded in Vol. M90  
of Deeds on Page 18286

Evelyn Biehn County Clerk

By *Donna A. Verling*

FEE \$8.00

Return: Nellie Glassbrook

3533 Madison, Klamath Falls, Or. 97603