

E-3178
I.D. TAG NO.
390
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: Edmund Middle: Frank Last: MORGAN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 12, 1990
4. SOCIAL SECURITY NUMBER 479-14-5994		5a. AGE - Last Birthday (Years) 67	5b. Under 1 Year Mos. Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Waterloo, Iowa		7. DATE OF BIRTH (Month, Day, Year) October 15, 1922	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) 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) Quality Control		10b. KIND OF BUSINESS/INDUSTRY Litten Industries	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Pauline	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Sprague River	
13c. STREET AND NUMBER P.O. Box 331			
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97639	
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-4) 1			
17. FATHER - NAME first middle last Edmund Lester Morgan		18. MOTHER - NAME first middle maiden Evaline Filura Hellmund	
19. INFORMANT - NAME and relationship to decedent Pauline Morgan, wife			
20a. 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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, OR 97601			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Schwartz</i>		21b. LICENSE NUMBER (Of Licensee) 47-3104	
22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year) SEP 13 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 0402 A 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>R A Breitenstein</i>			
30. DATE SIGNED (Month, Day, Year) September 12, 1990			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein, MD, 2622 Campus Drive, 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, eg. Cardiac or Respiratory Arrest.			
PART I		Interval between onset and death	
(a) ventricular fibrillation		10 min	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) acute myocardial infarction		2 d	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) atherosclerotic coronary artery disease		10 yr	
DUE TO, OR AS A CONSEQUENCE OF:			
PART II		Interval between onset and death	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. 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"/> 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		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

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45-2 REV. 1

DATE ISSUED **SEP 13 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 **Pauline Morgan** the **13th** day of **Sept.** A.D., 19 **90** at **3:40** o'clock **P.M.**, and duly recorded in Vol. **M90** of **Deeds** on Page **18444**.

FEE \$8.00

Return: Pauline Morgan

P.O. Box 331, Sprague River, Or. 97639

Evelyn Biehn County Clerk

By *Pauline Morgan*