

F 1948
I.D. TAG NO.

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

136-

State File Number

Local File Number

| | | | |
|---|--|--|---|
| 1. DECEDENT'S NAME First: Willie Middle: Mae Last: PARISH | | 2. SEX F | 3. DATE OF DEATH (Month, Day, Year) September 7, 1990 |
| 4. SOCIAL SECURITY NUMBER 541-64-0971 | | 5a. AGE - Last Birthday (Years) 95 | 5b. Under 1 Year Mos. Days Hours Mins. |
| 6. BIRTHPLACE (City and State or Foreign Country) Durwood, Oklahoma | | 7. DATE OF BIRTH (Month, Day, Year) December 20, 1894 | |
| 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) Plum Ridge Care Center | | 9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker | | 10b. KIND OF BUSINESS/INDUSTRY Own Home | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | | 12. SPOUSE (If Married, Widowed) Ira G. Parish | |
| 13a. RESIDENCE - STATE Oregon | | 13b. COUNTY Klamath | |
| 13c. CITY, TOWN, OR LOCATION Klamath Falls | | 13d. STREET AND NUMBER 7607 Donegal Street | |
| 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) | | 17. College (1-4 or 5+) 12 | |
| 17. FATHER - NAME first middle last Champ - Berry | | | |
| 18. MOTHER - NAME first middle maiden Ada - Brewster | | | |
| 19. INFORMANT - NAME and relationship to deceased Ira G. Parish, husband | | 20c. LOCATION - City or Town, State Klamath Falls, Oregon | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Merrie Reid</i> | | 21b. LICENSE NUMBER (Of Licensee) 3329 | |
| 22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601 | | 23. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i> | |
| 23. DATE FILED (Month, Day, Year) SEP 13 1990 | | 24. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | |
| 27. TIME OF DEATH 8:20 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>Kenneth K. Magee</i> M.D. | | | |
| 30. DATE SIGNED (Month, Day, Year) September 11, 1990 | | | |
| 31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601 | | | |
| 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| TO BE COMPLETED ONLY BY MEDICAL EXAMINER | | | |
| 31a. TIME OF DEATH M | | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M | |
| 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) | | | |
| 33. DATE SIGNED (Month, Day, Year) COUNTY | | | |
| CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | | | |
| 34. 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. (a) Recurrent Cerebral Vascular Accident | | | |
| 35. DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Vascular Disease | | | |
| 36. DUE TO, OR AS A CONSEQUENCE OF: (c) 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"/> 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"/> 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"/> Homicide <input type="checkbox"/> Legal Intervention | | | |
| 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. 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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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **SEP 20 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 Sid Munjar the 20th day
of Sept. A.D., 19 90 at 3:56 o'clock P.M., and duly recorded in Vol. M90,
of Deeds on Page 18969.

FEE \$8.00

Return: Sid Munjar
2530 Western, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk
By *Caroline M. Mendenhall*