

## CERTIFICATION OF VITAL RECORD

082545  
I.D. TAG NO.452  
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Roy Middle: Perry Last: LIEN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) October 28, 1990
4. SOCIAL SECURITY NUMBER 541-36-9051		5a. AGE - Last Birthday (Years) 90	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign) Canby, Minnesota		7. DATE OF BIRTH (Month, Day, Year) March 9, 1900	
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"/> DCA <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	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Grocery Store Clerk		10b. KIND OF BUSINESS/INDUSTRY Self Employed/owner	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Frances Elvira	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. STREET AND NUMBER 4741 South 6th Street, # 3			
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes		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+) 8			
17. FATHER - NAME first middle last Ole - Lien		18. MOTHER - NAME first middle maiden Marit - Huell	
19. INFORMANT - NAME and relationship to decedent Delbert O. Lien, 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) Eternal Hills Memorial Gardens	
20c. LOCATION - City or Town, State Klamath Falls, OR 97603			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Nancy Kennedy</i>		21b. LICENSE NUMBER (Of Licensee) 53-0124	
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) OCT 30 1990		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
25. DID HISPANIC 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 0200 A M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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>G. Craig Merhoff</i>			
30. DATE SIGNED (Month, Day, Year) October 29, 1990			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) G. Craig Merhoff, MD, 2680 Uhrmann Road, 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.			
(a) <i>Myocardial Infarction</i>		Interval between onset and death	
(b) <i>As a consequence of</i>		Interval between onset and death	
(c) <i>As a consequence of</i>		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1.		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. 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"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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)	
41f. DESCRIBE HOW INJURY OCCURRED			

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ORIGINAL VITAL STATISTICS COPY

45-2 REV

DATE ISSUED OCT 31 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 Myra Lee the 1st day  
of Nov. A.D., 19 90 at 3:17 o'clock PM., and duly recorded in Vol. M90  
of Deeds on Page 21978

FEE \$8.00

Return: Myra Lee

4741 S. 6th St. #3, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By Donna A. Verling