DE WIT	082548	7 0	REGON DEPAF	RTMENT OF HUM/ HEALTH DIVISION	414 HE2C				G	
O T	- LD. TAG NO. 457	7	•	Vital Records Unit	t	136-	•	te File Number	- Imige	
'	Local File Number			TIFICATE OF DI	EAIR	2.5			H (Month, Day, Year)	
_ (1. DECEDENTS FEST NAME Mabel		Estella	PAYNE			F		31, 1990	
	4 SOCIAL SECURITY NUM	BER 5a AGE - Last Birt	thday 5b. Under 1 Ye.	sr 5c. Under 1 Day Hours Mins.	6. BIRTHPLAC	CE (City and St	ite or Foreign 11771		r 10, 1901	
	543-12-2106 88 9a PLACE OF DEATH (Check only one)							2000		
DECEDENT	U.S. ARMED FORCES?	HOSPITAL: Impat				Decedent's 1		r (Specify)	COUNTY OF DEATH	
	96 FACELITY NAME (If not installing, give special of number) Klamath Falls Klamath								Klamath	
1		- A AL VOLTION	105 KIND OF BU	SINESS/INDUSTRY	11. MARITAL STATUS - Married, 12. SPOUSE (If Married, Wicowed) Near Married, Wicowed, Divorced (Specify)					
2 ——	TOA DECEDENT'S USUAL OCCUMENTS (GAVE AND OF MONTH OF MONT					Married		Charles	Tom Payne	
3 ——					130	STREET AND				
4	Oregon	Klamath	Klama WAS DECEDENT OF HE	th Falls	15 RACE AT	2838 Ka nerican Indian.		16 DECEDENT	S EDUCATION	
5	13e. INSIDE CITY 131. 2 LIMITS?	1 1	(Specify No or Yes - If ye Mexican, Puerto Rican, el	es, specify Cuban, c DD No D Yes	Black, Wi	nile, etc. (Specii)	Element	ary/Secondary (0-	st grade completed) 12) College (1-4 or 5+)	
6 —— (□Yes ⊠ No S	1(00)	Specify:	JAME first middle	White		INFORMANT	12 - NAME and relation	nship to decrased	
PARENTS	Andrew Jack		s Susan	7 73-7	_	10	Charles	Tom Payr	ne, husband	
	20a METHOD OF DISPOS	TION Mausoleum	20b PLACE OF	DISPOSITION (Name of cert)				City or Town, State		
DISPOSITION						rial Gardens Klamath Falls, OR 97603				
7 ——	21a STONATURE OF FUNERAL SERVICE LICENSEE OR 21b LICENSE NUMBER (Of Licensee)				of the Good Shepherd, 6420 So. 6th St.,					
9	() (Develous)			53-0124	Klamath Falls, Oregon 9			gon 9760	7603-7194	
	23 DATE FILED (MOTOT, Day, Yoar)					10 NOU KENNEDY				
REGISTRAR	NOV 1 1990 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?					IFT MODE?	<u> </u>	7		
10	TYES THO ZEN/A					□YES □NO Ø4/A				
	TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
	TO BE COMPLETED BY CERTIFING THIS CONTROL OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED?				31a TIME OF DEATH 31b DATE PRONOUNCED DEAD (Month, Day, York, Hour)					
11	1822 P м □ res & No 29 To the best of my knowledge, death occurred at the time, data, place and 33					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.				
CERNITER	due to the cause(s) and manner stated.					(Signature)				
12	33. DATE SIGNED (Mortin, Day, Year) 30. DATE SIGNED (Mortin, Day, Year)								COUNTY	
	V									
	NOVEMBER 1, 1770 33. NAME, HITLE, ADDRESS AND ZP OF CERTIFIER/MEDICAL EXAMPLER (Type or Pier) Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601									
14	35 NAME OF ATTENDIN	G PHYSICIAN IF OTHER	THAN CERTIFIER (Typ	e or Park) .						
CONDITIONS IF ANY WHICH GAVE	36. 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.								interval between onset and death	
RISE TO MAKEDIATE CAUSE	Cartie Confirma (Vantantor)								Interval between onset	
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: A SHD anthodosevel Carlingsporthy + CH =								Interval between onset	
L>	DUE TO, OR AS	CONSEQUENCE OF:							and death	
CAUSE OF DEATH	(c) PART OTHER SIGNIFIC	ANT CONDITIONS -			37. Did to	obacco usa con e death?	tribute	38. AUTOPSY 39	If YES were findings considered in determining cause of death?	
15	Conditions contri	buting to death but not re	elated to cause given in F	Ani i.				□ Yes DXNo	res DKNo 🛘 Yes 🗎 No 🗆 N/A	
16	40 MANNER OF DEATH	41a.0	ATE OF INJURY 416. T	IME OF 4 IC. INJURY	41d. DES	CRIBE HOW IN	JURY OCCUR	RED		
17	Natural C	Pending (A Investigation	Month, Day, Year) II	LIURY AT WORK	No					
(B)	Suicide _	Undetermined 7 41e. F	LACE OF INJURY - ALI	nome, farm, street, factory, office		ATION (Street a	nd Number or	Rural Route Numbe	r, City or Town, State)	
	Q -	Intervention	ouilding, etc. (Specify)		ــــــــــــــــــــــــــــــــــــــ	·				
	RESERVED FOR REGIS	TRAR'S USE								
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通过方	DATEISSU	ED NOV	2 1990			ı	COUNTY CLAMATH C	Y REGISTRAR OUNTY, OREGO	on N	
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RATE OF C	REGON: COU	NTY OF KLA		SS.						
								the	5th	
	ord at request o	f	0 or 12	· 16 o'clock	P	M. and	duly re	the corded in		
	Nov.	A.D., 19 <u>_9</u> f	o at <u>12</u>	Deed	_ on Pa	age <u>22</u>	<u>132</u>	·•		
	•									
	C			Ţ	velyn	Biehn	· Co	ounty Clerk	·	