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Vol. m90 Page 22414

CERTIFICATION OF VITAL RECORD

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I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <u>Judy</u> Middle: <u>KITTRELL</u> Last: <u>F</u>			2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>November 3, 1990</u>			
4. SOCIAL SECURITY NUMBER <u>525-30-7131</u>			5a. AGE - Last Birthday (Years) <u>66</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	5c. Under 1 Day Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock, AR</u>	7. DATE OF BIRTH (Month, Day, Year) <u>June 11, 1924</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other (Specify): <u>Nursing Home</u>		10. COUNTY OF DEATH <u>Klamath</u>		
9a. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>			9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>			9c. STREET AND NUMBER <u>1505 Avalon Street</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. SPOUSE (If Married, Widowed) <u>Claude B. Kittrell</u>			13. RESIDENCE - STATE <u>Oregon</u>				
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			13b. ZIP CODE <u>97603</u>			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	
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>			16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>12</u>				
17. FATHER - NAME first middle last <u>Shelby Watson Kennard</u>			18. MOTHER - NAME first middle maiden <u>Cora Lee Pitts</u>				
19. INFORMANT - NAME and relationship to decedent <u>Claude B. Kittrell, husband</u>			20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State			20b. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Meriel Beal</u>			21b. LICENSE NUMBER (Of Licensee) <u>3329</u>				
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc.</u>			23. DATE FILED (Month, Day, Year) <u>NOV 5 1990</u>				
24. REGISTRAR'S SIGNATURE <u>Tracy Kennedy</u>			25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				
26. TIME OF DEATH <u>5:30 A.</u>			27. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28. 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) <u>M.D.</u>			29. DATE SIGNED (Month, Day, Year) <u>November 5, 1990</u>				
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Craig Merhoff, M.D., 2850 Daggett Avenue, Klamath Falls, Oregon 97601</u>			31. DATE OF DEATH <u>November 3, 1990</u>				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>3:00</u>				
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.)			35. INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>				
36. 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				
37. 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			38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. DATE OF INJURY (Month, Day, Year)			39. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
39. TIME OF INJURY <u>M</u>			40. DESCRIBE HOW INJURY OCCURRED				
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			41. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORD OFFICIALLY REGISTERED AT THE OFFICE OF THE CLATSOP COUNTY REGISTRAR.

NOV 5 1990

DATE ISSUED

DONNA A. VERLING
COUNTY REGISTRAR
CLATSOP COUNTY, OREGON

STATE OF OREGON: COUNTY OF CLATSOP: SS.

Filed for record at request of Claude B. Kittrell the 8th day of Nov. A.D., 19 90 at 12:15 o'clock P.M., and duly recorded in Vol. M90 of Deeds on Page 22414.Evelyn Biehn
County Clerk
By Donna A. Verling

FEE \$8.00

Return: Claude B. Kittrell
P.O. Box 7447, Klamath Falls, Or. 97601