

CERTIFICATION OF VITAL RECORD

C-4720
I.D. TAG NO.514
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: <u>Ardella</u> Middle: <u>R.</u> Last: <u>MILLER</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 6, 1990</u>
4. SOCIAL SECURITY NUMBER <u>501-22-0084</u>		5a. AGE - Last Birthday (Years) <u>60</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Halliday, ND</u>		7. DATE OF BIRTH (Month, Day, Year) <u>March 2, 1930</u>	
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"/> E/O Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>	
9b. FACILITY NAME (If not institution, give street and number) <u>2822 Kane Street</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Retail Sales Clerk</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Retail Department Store</u>	
11. MARITAL STATUS - <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Wilfred J. Miller</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>2822 Kane Street</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. 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 Specify: <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (8-12)</u>		17. College (1-4 or 5+) <u>10</u>	
17. FATHER - NAME first middle last <u>John Magnus Fugelseth</u>		18. MOTHER - NAME first middle maiden <u>Mary E. Sabins</u>	
19. INFORMANT - NAME and relationship to decedent <u>Wilfred J. Miller, husband</u>		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merice Seil</u>		21b. LICENSE NUMBER (Of Licensee) <u>3329</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601</u>		23. DATE FILED (Month, Day, Year) <u>DEC 7 1990</u>	
24. REGISTRAR'S SIGNATURE <u>Janet Kennedy</u>		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		27. TIME OF DEATH <u>7:15 P.</u>	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Kenneth K. Magee</u> M.D.	
30. DATE SIGNED (Month, Day, Year) <u>12-7-90</u>		31a. TIME OF DEATH <u> </u>	
31b. DATE PRONOUNCED DEAD (Month, Day, Year) <u> </u>		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) <u> </u>	
33. DATE SIGNED (Month, Day, Year) <u> </u>		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601</u>	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>		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.) PART I (a) <u>Cocaine of lung (large cell) with widespread metastasis</u> Interval between onset and death <u>months</u> (b) <u> </u> Interval between onset and death <u> </u> (c) <u> </u> Interval between onset and death <u> </u>	
37. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Chronic obstructive Pulmonary Disease</u>		38. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
41. 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		42. DATE OF INJURY (Month, Day, Year) <u> </u>	
43. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No		44. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		46. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED DEC 7 1990Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Wilfred J. Miller
of Dec. A.D., 19 90 at 2:14 o'clock P.M., and duly recorded in Vol. M90 day
of Deeds on Page 24633

FEE \$8.00

Return: W.J. Miller

2822 Kane St., Klamath Falls, Or. 97601

By Paula Biehn - County Clerk