

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

D-5580

I.D. TAG NO.

462

Local File Number

89-020072

136-

State File Number

1. DECEDENT'S NAME First: Gladys Middle: Coats Last: MORRISON			2. SEX F	3. DATE OF DEATH (Month, Day, Year) October 20, 1989		
4. SOCIAL SECURITY NUMBER 512-38-9349			5a. AGE - Last Birthday (Years) 90	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Aberdeen, WA	7. DATE OF BIRTH (Month, Day, Year) November 9, 1898
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 type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Foster Home			
9b. FACILITY NAME (If not institution, give street and number) Bonnie's Foster Home			9c. CITY, TOWN, OR LOCATION OF DEATH 2459 Patterson Street			9d. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) School Teacher			10b. KIND OF BUSINESS/INDUSTRY Education			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) Albert G.			13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath
13c. CITY, TOWN, OR LOCATION Klamath Falls			13d. STREET AND NUMBER 2459 Patterson Street			
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) White			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+)
17. FATHER - NAME first middle last Albert Sprague Coats			18. MOTHER - NAME first middle maiden Susan Mae Layport			19. INFORMANT - NAME and relationship to decedent Lou Ann Angeli, daughter
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" 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 Crematory Mt. Laki Cemetery			20c. LOCATION - City or Town, State Klamath Falls, OR 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Davenport			21b. LICENSE NUMBER (Of Licensee) 47-3104			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 23 1989			24. REGISTRAR'S SIGNATURE Nancy Kennedy			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 MALE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A						
TO BE COMPLETED BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER
27. TIME OF DEATH 2200 P M			28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			29a. TIME OF DEATH M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) James N. Beggs			30. DATE SIGNED (Month, Day, Year) October 23, 1989			31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, 2300 Clairmont, Klamath Falls, Oregon 97601			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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)
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			33. DATE SIGNED (Month, Day, Year) COUNTY
PART I (a) Unknown - Natural Causes			Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.			Interval between onset and death			
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 <input type="checkbox"/> Suicide <input type="checkbox"/> Manner <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. 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)			

RESERVED FOR REGISTRAR'S USE

Returns KFFSH

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED

NOV 07 1990

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 17th day of Dec. A.D., 19 90 at 10:45 o'clock A.M., and duly recorded in Vol. M90 of Deeds on Page 24903.

FEE \$8.00

Evelyn Biehn County Clerk
By Doreen Mullendare