

CERTIFICATION OF VITAL RECORD

079742
I.D. TAG NO.539
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

1. DECEDENT'S NAME First: <u>Edrie</u> Middle: <u>Irene</u> Last: <u>CALDWELL</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>December 18, 1990</u>
4. SOCIAL SECURITY NUMBER <u>540-56-6601</u>		5a. AGE - Last Birthday (Years) <u>82</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>Kingfisher, OK</u>		7. DATE OF BIRTH (Month, Day, Year) <u>March 6, 1908</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"/> FROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <u> </u>	
9b. FACILITY NAME (If not institution, give street and number) <u>3937 Rio Vista Way</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>Homemaker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12. SPOUSE (If Married, Widowed) <u>Homer G. Caldwell</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>3937 Rio Vista Way</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 <u> </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5+) <u> </u>		17. FATHER - NAME first middle last <u>Edward - Patterson</u>	
18. MOTHER - NAME first middle maiden <u>Grace - Thompson</u>		19. INFORMANT - NAME and relationship to deceased <u>Grace Caldwell, daughter</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Merilee 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 20 1990</u>	
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH <u>10:50 P. M.</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>Carol Fellows</u> M.D.	
30. DATE SIGNED (Month, Day, Year) <u>December 20, 1990</u>		31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH <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> COUNTY <u> </u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Carol Fellows, M.D., 2610 Uhrmann Road, 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>Metastatic adenocarcinoma to liver</u> Interval between onset and death <u>2-3 mos</u> (b) <u>Adenocarcinoma of the rectosigmoid colon</u> Interval between onset and death <u>2-3 mos</u> (c) <u> </u> Interval between onset and death <u> </u> PART II 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 <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 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"/> Legal Intervention <input type="checkbox"/> Homicide	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY <u> </u> M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			

THIS IS A TRUE AND EXACT ORIGINAL OF THE VITAL RECORDS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED DEC 20 1990Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Grace Caldwell
of Dec. A.D., 19 90 at 2:09 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 25425

FEE \$8.00

Return: Grace Caldwell

3937 Rio Vista Way, Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By Donna A. Verling