

CERTIFICATION OF VITAL RECORD

086763
I.D. TAG NO.

468

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1 DECEDENT'S NAME First: <u>Barbara</u> Middle: <u>Jean</u> Last: <u>NEALY</u>		2 SEX <u>F</u>	3 DATE OF DEATH (Month, Day, Year) <u>November 6, 1990</u>			
4 SOCIAL SECURITY NUMBER <u>543-30-9211</u>		5a AGE - Last Birthday (Years) <u>58</u>	5b Under 1 Year Months: <u> </u> Days: <u> </u>	5c Under 1 Day Hours: <u> </u> Mins: <u> </u>	6 BIRTHPLACE (City and State or Foreign Country) <u>Sheridan, Arkansas</u>	7 DATE OF BIRTH (Month, Day, Year) <u>June 1, 1932</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"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) <u>4570 Summers Lane</u>		9c CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9d COUNTY OF DEATH <u>Klamath</u>		
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Nurse's Aide</u>		10b KIND OF BUSINESS/INDUSTRY <u>Hospital</u>		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Widowed</u>		12 SPOUSE (If Married, Widowed) <u>Thomas</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>4570 Summers Lane</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 in or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		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>9</u> College (13 or 14) <u> </u>		17 FATHER - NAME first middle last <u>Hollis - Nealy</u>				
18 MOTHER - NAME first middle last <u>Mary E. Koon</u>		19 INFORMANT - NAME and relationship to decedent <u>Tom / Son</u>				
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>				
20c LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Terilyn J. Jennings</u>				
21b LICENSE NUMBER (Of Licensee) <u>1257</u>		22 NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main/Klamath Falls, Oregon 97601</u>				
23 DATE FILED (Month, Day, Year) <u>NOV 7 1990</u>		24 REGISTRAR'S SIGNATURE <u>Nancy 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				
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27 TIME OF DEATH <u>0650</u> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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>[Signature]</u>						
30 DATE SIGNED (Month, Day, Year) <u>11/6/90</u>						
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING/MEDICAL EXAMINER (Type or Print) <u>Craig Merhoff, MD / 2850 Daggett/ Klamath Falls, Oregon 97601</u>						
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
33 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.)						
34 (a) <u>Sacharose</u>						
35 (b) <u>Metastatic lung cancer</u>						
36 (c) <u>Cancer</u>						
37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown						
38 AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A						
39 If YES were findings considered in determining cause of death?						
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention						
41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY <u>M</u>		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)				

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FEB 15 1991

DATE ISSUED

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Effie Dortch the 19th day of Feb. A.D., 19 91 at 3:07 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 2987.

Evelyn Biehn - County Clerk

By Pauline Muelendore

FEE \$8.00

Return: Mary Effie Dortch
2263 Reclamation, Klamath Falls, Or. 97601