28057

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

08735 I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

Vol M91 Page 6530

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Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME — First: Kitty; Middle: L.; Last: WHITE	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): October 19, 1990	
4. SOCIAL SECURITY NUMBER: 519-01-5203	5a. AGE - Last Birthday (Years): 78	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Gooding, Idaho	7. DATE OF BIRTH (Month, Day, Year): June 1, 1912		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number): Good Samaritan Hospital & Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner	10b. KIND OF BUSINESS/INDUSTRY: Cemetery	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Edward White
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 7904 Keller Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12):	College (1-4 or 5+): 2		
17. FATHER - NAME first middle last: John Mathis	18. MOTHER - NAME first middle maiden: Pearl Atkins	19. INFORMANT - NAME and relationship to deceased: Edward White - Husband	
20a. METHOD OF DISPOSITION ☒ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens Haven of Rest Mausoleum	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thom Shaw	21b. LICENSE NUMBER (Of Licensee): None	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway # 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year): OCT 24 1990		24. REGISTRAR'S SIGNATURE: Edward Johnson II	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1522 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): H Stephens Moseley	30. DATE SIGNED (Month, Day, Year): November 22, 1990

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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)	33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): H Stephens Moseley MD 1130 NW 22nd Avenue #500 Portland, Oregon 97210

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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.

		Interval between onset and death
PART I (a)	Metastatic Melanoma	
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		Interval between onset and death

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?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ No ☐ Probably ☒ Unk	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41c. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	
	41a. 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

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 OCT 24 1990

Edward Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness, Brandsness the 12th day of April A.D., 1991 at 8:37 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 6530.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00

Return: Brandsness, Brandsness
411 Pine, Klamath Falls, Or. 97601

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