

CERTIFICATION OF VITAL RECORD

C - 6637

I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Robert Middle: Francis Last: PENNY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 29, 1991
4. SOCIAL SECURITY NUMBER 561-28-9955	5a. AGE Last Birthday (Years) 66	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois
7. DATE OF BIRTH (Month, Day, Year) May 04, 1925		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (if not institution, give street and number) UNIVERSITY HOSPITAL SOUTH		9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Deputy Sheriff		10b. KIND OF BUSINESS/INDUSTRY Los Angeles County	
11. MARITAL STATUS, Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) Barbara Penny	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Beatty		13d. STREET AND NUMBER Drews Road	
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 (9-12) College (14 or 5+) 2		17. FATHER - NAME first middle last Herbert Penny	
18. MOTHER - NAME first middle maiden Rube Ruyke		19. INFORMANT - NAME and relationship to decedent Barbara Penny - Wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Uniservice Crematory	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert J. Penny</i>		21b. LICENSE NUMBER (Of licensee) 47 - 3326	
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603		23. DATE FILED (Month, Day, Year) JUL 05 1991	
24. REGISTRIAR'S SIGNATURE <i>Arthur W. Bloom</i>		25. DID HOSPITAL OR PRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
26. TIME OF DEATH 11:38 PM		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Henry Daniel Zyzanski MD</i>		29. DATE SIGNED (Month, Day, Year) 6/30/91	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Henry Daniel Zyzanski MD 3181 SW Sam Jackson Park Road, Portland, Oregon 97201		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Donald D. McConnell MD	
32. 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>Pneumonia</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Bowel Infarction</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Other Significant Conditions</u> Conditions contributing to death but not related to cause given in PART I.		33. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> N/A	
34. 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"/> Legal Intervention <input type="checkbox"/> Homicide		35. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	
36. DATE OF INJURY (Month, Day, Year)		37. TIME OF INJURY	
38. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DESCRIBE HOW INJURY OCCURRED	

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REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED

JUL 12 1991

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 19th day
of July A.D. 19 91 at 1:59 o'clock P M., and duly recorded in Vol. M91
of _____ Deeds _____ on Page 14156.

Evelyn Biehn, County Clerk

By Arthur W. Bloom

FEE \$8.00

Return: Barbara Penny

P.O. Box 7, Beatty, Or. 97621