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229
Local File Number

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

LOCAL FILE NUMBER				CERTIFICATE OF DEATH				63-1986			
1. DECEDENT'S NAME Myra				2. SEX F				3. DATE OF DEATH (Month, Day, Year) July 5, 1991			
4. SOCIAL SECURITY NUMBER 541-36-8839				5a. AGE - Last Birthday (Years) 58				6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR			
7. DATE OF BIRTH (Month, Day, Year) August 21, 1932				8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ETO/Outpatient <input type="checkbox"/> DQA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9a. FACILITY NAME (If not institution, give street and number) 4741 South Sixth Street, Space #3				9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls				9c. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Missionary				10b. KIND OF BUSINESS/INDUSTRY Christian Work				11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced			
12. SPOUSE (If Married, Widowed) -				13a. RESIDENCE - STATE Oregon				13b. COUNTY Klamath			
13c. CITY, TOWN, OR LOCATION Klamath Falls				13d. STREET AND NUMBER 4741 South Sixth Street, Space #3							
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No				15. RACE (American Indian, Black, White, etc. (Specify)) White				16. DECEDENT'S EDUCATION (Specify only highest grade completed) College (11-4 or 5+) 2			
17. FATHER - NAME first middle last Roy Perry Lein				18. MOTHER - NAME first middle maiden Frances Elvira Call				19. INFORMANT - NAME and relationship to decedent Linda D. DeLawyer, daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input 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) Klamath Cremation Service				20c. LOCATION - City or Town, State Klamath Falls, OR 97601			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. LICENSE NUMBER (Of License) 53-0124				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) JUL 5 1991				24. REGISTRAR'S SIGNATURE <i>[Signature]</i>				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											
27. TIME OF DEATH 09:20 A M				28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) July 5, 1991				31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD, 2610 Uhrmann Road, Klamath Falls, Oregon 97601				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)				34. COUNTY							
35. 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.) (a) <i>Massive trauma of injury with hemorrhage</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.				36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk				37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. YES IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				39. 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				40. DATE OF INJURY (Month, Day, Year)			
41. TIME OF INJURY M				42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)											

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DATE ISSUED JUL 5 1991

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Linda DeLawyer
of July A.D., 19 91 at 1:54 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 14230

FEE **\$8.00**

Return: Linda DeLawyer
4413

4417 Summers Ln, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk

By Pauline Mulholland