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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

21929

Vol. M91 Page

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I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CONDITIONS

CAUSE OF DEATH

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1. DECEDENT'S NAME Erma Lucille HUEBNER		2. SEX F		3. DATE OF DEATH (Month, Day, Year) May 31, 1991	
4. SOCIAL SECURITY NUMBER 540-22-8419		5a. AGE - Last Birthday (Years) 77		5b. Under 1 Year 5c. Under 1 Day	
6. BIRTHPLACE (City and State or Foreign Country) Summer Lake, Oregon		7. DATE OF BIRTH (Month, Day, Year) October 6, 1913		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other	
9a. FACILITY NAME (If not institution, give street and number) VA Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Roseburg		9c. COUNTY OF DEATH Douglas	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use codes) Clerk		10b. KIND OF BUSINESS/INDUSTRY Office		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
12a. RESIDENCE - STATE Oregon		12b. COUNTY Klamath		12c. CITY, TOWN, OR LOCATION Klamath Falls	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97603		13c. STREET AND NUMBER 2536 Kane Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify his or her - If yes, specify Mexican, Mexican American, Puerto Rican, etc.) <input checked="" type="checkbox"/> No		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-16) 1	
17. FATHER - NAME first middle last Edward Nelson		18. MOTHER - NAME first middle maiden Muriel Mc Gee		19. INFORMANT - NAME and relationship to decedent Muriel Glidewell daughter	
20a. METHOD OF DISPOSITION <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) Uniservice Crematory		20c. LOCATION - City or Town, State Roseburg, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Ken Hanlin</i>		21b. LICENSE NUMBER (Or License) 3165		22. NAME, ADDRESS AND ZIP OF FACILITY Wilson's Chapel Of The Roses 97470 965 W. Harvard Blvd. Roseburg, Oregon	
23. DATE FILED (Month, Day, Year) JUN 4 1991		24. REGISTRAR'S SIGNATURE <i>James Black</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 10:50 P.M. M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. 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>Steven Gibson</i>		30. DATE SIGNED (Month, Day, Year) 05-31-91		31. TIME OF DEATH M	
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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven Gibson M.D. VA Medical Center, Roseburg, Oregon 97470		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		37. 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)	
38. IMMEDIATE CAUSE (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF:		39. IMMEDIATE CAUSE (b) Severe Intense Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:		40. IMMEDIATE CAUSE (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.	
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		42. DATE OF INJURY (Month, Day, Year)		43. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		45. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Link		49. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
50. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		51. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		52. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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 JUN 4 1991

Edward J. Johnson II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day of Oct. A.D., 19 91 at 10:59 o'clock A.M., and duly recorded in Vol. M91 of Deeds on Page 219129.

FEE \$8.00

Evelyn Biehn - County Clerk
By *Dorinda Muelender*

Return: Muriel Glidewell
4524 Onyx, Klamath Falls, Or. 97603

75818

18636
121928

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 21st day
of Oct. A.D. 19 91 at 10:59 o'clock A.M., and duly recorded in Vol. M91,
of Deeds on Page 21927.

FEE \$33.00

Evelyn Biehn - County Clerk

By Quinn Mullender