

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

087893
I.D. TAG NO.
431
Local File Number

136- State File Number

DECEDENT

1. DECEDENT'S NAME: John Francis YEYNA
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 15, 1991
4. SOCIAL SECURITY NUMBER: 557-10-6164
5a. AGE - Last Birthday (Years): 79
5b. Under 1 Year: Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Rochester, New York
7. DATE OF BIRTH (Month, Day, Year): April 30, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. FACILITY NAME (if not institution, give street and number): Merle West Medical Center
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.): Quality Control
10b. KIND OF BUSINESS/INDUSTRY: Electronics
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Ardeth
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 7305 Flag Ct.
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
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (D 12)
17. FATHER - NAME first middle last: John - Yeyna
18. MOTHER - NAME first middle maiden: Vernica - Sczpanski
19. INFORMANT - NAME and relationship to deceased: Ardeth Yeyna - Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 97603 4711 Hwy #39.1 Klamath Falls, Ore.
23. DATE FILED (Month, Day, Year): NOV 19 1991
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

27. TIME OF DEATH: 4:37 A.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): [Signature]
30. DATE SIGNED (Month, Day, Year): 11/18/91
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Ore. 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:

CAUSE OF DEATH

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) Probable Myocardial Infarction
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
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? ☐ Yes ☐ No ☒ Probably ☒ Not
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY:
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED NOV 20 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 Ardeth Yeyna
of Dec. A.D., 19 91 at 11:51 o'clock A.M., and duly recorded in Vol. M91
of Deeds on Page 26271

FEE \$8.00

Return: ARdeth Yeyna

7305 Flag Ct., Klamath Falls, Or. 97603

Evelyn Biehn - County Clerk
By Donna A. Verling