ASPEN 02033046

# OREGON HEALTH DIVISION

## CENTER FOR HEALTH STATISTICS

40714

087891 I.D. TAG NO.

155 Local File Number

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

136-

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91-008507 State File Number

| 1. DECEDENT'S NAME First | Middle | Last | 2. SEX | 3. DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|---|
| Evelyn | Fern | CETINA | Female | April 30, 1991 |

| 4. SOCIAL SECURITY NUMBER | 5a. AGE - Last Birthday (Years) | 5b. Under 1 Year Mos. | Days | 5c. Under 1 Day Hours | Mins. | 6. BIRTHPLACE (City and State or Foreign Country) | 7. DATE OF BIRTH (Month, Day, Year) |
|---|---|---|---|---|---|---|---|
| 558-54-3581 | 71 | | | | | Warren, Ohio | August 19, 1919 |

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) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| Plum Ridge Care Center | Klamath Falls | Klamath |

| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 10b. KIND OF BUSINESS/INDUSTRY | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 12. SPOUSE (If Married, Widowed) |
|---|---|---|---|
| Housewife | At Home | Married | Louis |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN, OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Oregon | Klamath | Klamath Falls | 2437 Applegate |

| 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 15. RACE American Indian, Black, White, etc. (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|
| ☐ Yes ☐ No | 97601 | ☒ No ☐ Yes Specify: | White | 12 | |

| 17. FATHER - NAME first middle last | 18. MOTHER - NAME first middle maiden | 19. INFORMANT - NAME and relationship to deceased |
|---|---|---|
| Earl Warren Orr | Edna - Shilling | Louis Cetina - Husband |

| 20a. METHOD OF DISPOSITION | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 20c. LOCATION - City or Town, State |
|---|---|---|
| ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify) | Eternal Hills Crematory | Klamath Falls, Oregon |

| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. LICENSE NUMBER (Of Licensee) | 22. NAME, ADDRESS AND ZIP OF FACILITY |
|---|---|---|
| Jim Lancaster | 3224 | Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, Ore. 97603 |

| 23. DATE FILED (Month, Day, Year) | 24. REGISTRAR'S SIGNATURE |
|---|---|
| MAY 8 1991 | Nancy Kennedy |

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 | 28. WAS MEDICAL EXAMINER NOTIFIED? |
|---|---|
| 7:00 P M | ☐ 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) Byron T. Sagunsky

| 30. DATE SIGNED (Month, Day, Year) | 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) |
|---|---|
| 5/6/91 | Byron Sagunsky, MD - 2300 Clairmont - Klamath Falls, Oregon 97601 |

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

### TO BE COMPLETED ONLY BY MEDICAL EXAMINER

| 31a. TIME OF DEATH | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) |
|---|---|
| M | 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) | COUNTY |
|---|---|
| | |

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.

| PART I | | Interval between onset and death |
|---|---|---|
| | (a) Brain Stem Infarct | ~3-4wks |
| | DUE TO, OR AS A CONSEQUENCE OF: | Interval between onset and death |
| | (b) | Interval between onset and death |
| | DUE TO, OR AS A CONSEQUENCE OF: | |
| | (c) | |

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

Gastrointestinal Bleeding

| 37. Did tobacco use contribute to the death? | 38. AUTOPSY | 39. 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? | 41d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention | | M | ☐ Yes ☐ No | |

41e. 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 FEB 03 1992

Edward J Johnson II
EDWARD J JOHNSON II
STATE REGISTRAR

**STATE OF OREGON: COUNTY OF KLAMATH:** ss.

Filed for record at request of Aspen Title Co. the 5th day of Feb. A.D., 19 92 at 3:18 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 2519.

Evelyn Biehn County Clerk
By Paulina Mullendore

FEE $8.00
Return: ATC