OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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F-5319 I.D. TAG NO. 291 Local File Number

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

136- 91-015429 State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Jean	Ann	TURNER	F	August 13, 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)
564-36-7209	73			Kersey, Colorado	November 12, 1917

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
Merle West Medical 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)
Homemaker	Own Home	Married	Neil Turner

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	2030 Fremont Street

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.) Specify:	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	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Arthur Hammans	Anna Reames	Neil Turner Spouse

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 ☐ Other (Specify)	Klamath Cremation Service	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
Michael Allan	3287	O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
AUG 14 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?
10:10 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) [signature] M.D.

30. DATE SIGNED (Month, Day, Year) 8/14/91

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jon McKellar M.D. 2300 Clairmont Street 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.

		Interval between onset and death
PART I (a)	Poorly Differentiated Adenocarcinoma of the Lung	
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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 1.

Emphysema / Pneumonia

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES 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

RETURN TO: Neil P. Turner
729 17th Ave. Sp. 17
Longmont, CO 80501

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

92 FEB 11 PM 2 05

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 11th day of Feb. A.D., 19 92 at 2:05 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 2867.

Evelyn Biehn · County Clerk

FEE $10.00 By Pauline Mullendore