

CERTIFICATION OF VITAL RECORD

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

079689 I.D. TAG NO. <u>434</u>		State File Number	
Local File Number		136	
1. DECEASED'S NAME First: <u>Mary</u> Middle: <u>PELLINEN</u> Last: <u>PELLINEN</u>		2. SEX: <u>Female</u>	
3. SOCIAL SECURITY NUMBER: <u>544-50-6470</u>		4. DATE OF DEATH (Month, Day, Year): <u>December 22, 1991</u>	
5a. AGE Last Birthday (Years): <u>70</u>		5b. Under 1 Year: <u>None</u> 5c. Under 1 Day: <u>None</u>	
6. BIRTHPLACE (City and State or Foreign Country): <u>Sheridan, AR</u>		7. DATE OF BIRTH (Month, Day, Year): <u>August 2, 1921</u>	
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one): <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
10. FACILITY NAME (if not institution, give street and number): <u>2520 Wantland Avenue</u>		11. COUNTY OF DEATH: <u>Klamath</u>	
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): <u>Homemaker</u>		13. KIND OF BUSINESS/INDUSTRY: <u>Own Home</u>	
14. RESIDENCE - STATE: <u>Oregon</u> 15. CITY, TOWN, OR LOCATION: <u>Klamath Falls</u>		16. STREET AND NUMBER: <u>2520 Wantland Avenue</u>	
17. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18. ZIP CODE: <u>97603</u>		19. RACE American Indian, Black, White, etc. (Specify): <u>White</u>	
20. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		21. DECEASED'S EDUCATION (Specify only highest grade completed): <u>8</u>	
22. FATHER NAME first middle last: <u>Frank McDonald Edwards</u>		23. MOTHER NAME first middle maiden: <u>Carrie Elizabeth Kratz</u>	
24. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): <u>Eternal Hills Memorial Gardens</u>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <u>James O. Figg</u>		27. LICENSE NUMBER (OR License): <u>49-1275</u>	
28. DATE FILED (Month, Day, Year): <u>DEC 26 1991</u>		29. NAME, ADDRESS AND ZIP OF FACILITY: <u>O'Hair's Funeral Chapel, 515 Pine St. Klamath Falls, OR 97601</u>	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE: <u>Charles Barcus</u>	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN		33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
34. TIME OF DEATH: <u>2:30 P.M.</u>		35. DATE PRONOUNCED DEAD (Month, Day, Year): <u>DEC 23 1991</u>	
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature): <u>Saul Silverman</u> M.D.		37. 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):	
38. DATE SIGNED (Month, Day, Year): <u>Dec 23 1991</u>		39. DATE SIGNED (Month, Day, Year):	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): <u>Saul Silverman M.D. 2610 Uhrmann Road</u>		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	
42. 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)		43. INTERVAL BETWEEN ONSET AND DEATH: <u>10 M</u>	
44. (a) DUE TO, OR AS A CONSEQUENCE OF: <u>Lung Cancer</u>		45. INTERVAL BETWEEN ONSET AND DEATH:	
46. (b) DUE TO, OR AS A CONSEQUENCE OF:		47. INTERVAL BETWEEN ONSET AND DEATH:	
48. (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART 1.		49. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
50. 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		51. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
52. DATE OF INJURY (Month, Day, Year):		53. TIME OF INJURY: <u>M</u>	
54. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify):		55. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. DESCRIBE HOW INJURY OCCURRED:		57. LOCATION (Street and Number or Rural Route Number, City or Town, State):	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL RECORD COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.DATE ISSUED DEC 26 1991STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 26th day
Filed for record at request of Ale Pellinen
of Feb. A.D., 19 92 at 2:06 o'clock P.M., and duly recorded in Vol. M92
of _____ of Deeds on Page 3967
By Evelyn Biehn County Clerk
By Donna A. VerlingFEE \$10.00
Return: Ale Pellinen
2520 Wantland, Klamath Falls, Or. 97601