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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 138-
CERTIFICATE OF DEATH

F 1969 I.D. TAG NO. 102		State File Number	
Local File Number		1. DECEDENT'S NAME First Middle Last Velma Elaine BURCHAM	
2. SEX Female		3. DATE OF DEATH (Month, Day, Year) February 22, 1992	
4. SOCIAL SECURITY NUMBER 543-12-0710		5a. AGE Last Birthday (Years) 75	
5b. Under 1 Year Mos. Days Hours Mins.		5c. Under 1 Day Hours Mins.	
6. BIRTHPLACE (City and State or Foreign Country) Albion, Idaho		7. DATE OF BIRTH (Month, Day, Year) February 25, 1916	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [] Yes [X] No		9a. PLACE OF DEATH (Check only one) [] Hospital [X] Inpatient [] Outpatient [] IDOA [] Other [] Nursing Home [] Decedent's Home [] Other (Specify)	
9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (if married, (widow)) Jesse M. Burcham		13. STREET AND NUMBER 5253 Peggy Avenue	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (13-16) Postgraduate (17-24)		17. FATHER - NAME first middle last Sebastian Cabot Kelley	
18. MOTHER - NAME first middle maiden Agnes - Bradbury		19. INFORMANT - NAME and relationship to decedent James M. Burcham Spouse	
20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		21. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, INC. 515 Pine ST. Klamath Falls, OR 97601	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		23. DATE FILED (Month, Day, Year) FEB 25 1992	
24. REGISTRAR'S SIGNATURE Charles Barcus		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [] YES [X] NO [] N/A	
26. TIME OF DEATH 3:55 AM		27. WAS MEDICAL EXAMINER NOTIFIED? [] Yes [X] No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) James F. Novak M.D.		29. 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)	
30. DATE SIGNED (Month, Day, Year)		31. DATE SIGNED (Month, Day, Year)	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James F. Novak M.D. 1905 Main Street Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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 (a) Respiratory Insufficiency DUE TO, OR AS A CONSEQUENCE OF: (b) C.O.P.D. DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.		35. INTERVAL BETWEEN ONSET AND DEATH 6 w 20 yr	
36. MANNER OF DEATH [X] Natural [] Pending Investigation [] Accident [] Undetermined Manner [] Suicide [] Legal Intervention [] Homicide		37. Did tobacco use contribute to the death? [X] Yes [] No [] Probably [] Unk	
38. DATE OF INJURY (Month, Day, Year)		39. TIME OF INJURY M [] Yes [] No	
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
42. DESCRIBE HOW INJURY OCCURRED		43. AUTOPSY [] Yes [X] No [] Yes [] No	
44. IF YES, were findings consistent in determining cause of death? [] Yes [] No [] N/A		45. 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.Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Jesse M. Burcham the 27th day
of March A.D., 1992 at 3:54 o'clock P.M., and duly recorded in Vol.M92
of Deeds on Page 6407.Evelyn Biehn County Clerk
By Pauline Mickelson

FEE \$10.00

Return: Jesse M. Burcham
5253 Peggy, Klamath Falls, Or. 97603