

at File Number

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

Vol. m92 Page 8469

State File Number

1. DECEASED'S NAME Harvey LaMarr LASLEY				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) April 17, 1992	
4. SOCIAL SECURITY NUMBER 556-20-9616				5a. AGE-Last Birthday (Years) 75		5b. Under 1 Year Mos. 75 Days 0 Hours 0 Mins. 0	
6. BIRTHPLACE (City and State or Foreign Country) Davis County, IA				7. DATE OF BIRTH (Month, Day, Year) November 16, 1916			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (if not institution, give street and number) 3950 Homedale Road Space 55				9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retail Sales				10b. KIND OF BUSINESS/INDUSTRY Farm Supplies		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Dena Lasley				13a. RESIDENCE - STATE Oregon			
13b. COUNTY Klamath				13c. CITY, TOWN OR LOCATION Klamath Falls			
13d. STREET AND NUMBER 3950 Homedale Road Space 55				14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. ZIP CODE 97603				16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
17. FATHER - NAME first middle last Jess E. Lasley				18. MOTHER - NAME first middle maiden Blanche - Piersall			
19. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				22. LICENSE NUMBER (Of Licensee) 52-0297			
23. DATE OF SIGNATURE (Month, Day, Year) APR 20 1992				24. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
27. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A				28. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>29. TIME OF DEATH 12:05 P.M.</p> <p>30. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i> M.D.</p> <p>32. DATE SIGNED (Month, Day, Year) April 20, 1992</p> <p>33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Arthur G. Freeland M.D. 1905 Main Street Klamath Falls, Oregon 97601</p> <p>34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> </div> <div style="width: 48%;"> <p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>35a. TIME OF DEATH M</p> <p>35b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>36. 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)</p> <p>37. DATE SIGNED (Month, Day, Year)</p> <p>COUNTY</p> </div> </div>							
<p>38. 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.)</p> <p>(a) Respiratory Failure</p> <p>(b) COPD</p> <p>(c)</p> <p>39. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p>40. MANNER OF DEATH <input 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</p> <p>41a. DATE OF INJURY (Month, Day, Year)</p> <p>41b. TIME OF INJURY</p> <p>41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)</p> <p>41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p>							
<p>42. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>44. YES YES YES findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>							

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APR 20 1992

DATE ISSUED

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS

Filed for record at request of Dena Lasley
of April A.D., 19 92 at 10:17 o'clock A M., and duly recorded in Vol. M92
of Deeds on Page 8469

Evelyn Biehn • County Clerk

By Pauline Nielsen

FEE **\$10.00**

REturn: Dena Lasley

3950 Homedale #55, Klamath Falls, Or. 97603