

105792
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. 92 Page 8543

State File Number

Local File Number

1. DECEDENT'S NAME First: Mildred Middle: Alice Last: REIMER		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 14, 1992
4. SOCIAL SECURITY NUMBER 547-16-6294	5a. AGE Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Des Moines, Iowa
7. DATE OF BIRTH (Month, Day, Year) November 22, 1914		8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Housewife		12. SPOUSE (If Married, Widowed, Divorced (Specify)) Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 6285 Bryant Avenue	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 3		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
18. FATHER - NAME first middle last Thomas William Kinrade		19. MOTHER - NAME first middle maiden Minnie Louise Estey	
20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
22. DATE FILED (Month, Day, Year) APR 15 1992		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
24. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		25. REGISTRAR'S SIGNATURE Charles Robinson	
26. NAME, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		27. TIME OF DEATH 13:00 P M	
28. DATE SIGNED (Month, Day, Year) April 15, 1992		29. SIGNATURE OF MEDICAL EXAMINER (Signature)	
30. 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. Intracranial hemorrhage DUE TO, OR AS A CONSEQUENCE OF: b. Thrombocytopenia DUE TO, OR AS A CONSEQUENCE OF: c. ARDS with sepsis syndrome (aspiration) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Polymyositis		31. TIME OF DEATH 13:00 P M	
32. DATE SIGNED (Month, Day, Year) April 15, 1992		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY		37. INJURY AT WORK M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
40. DESCRIBE HOW INJURY OCCURRED		41. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
42. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. IF YES, were findings consistent with determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

APR 15 1992

DATE ISSUED

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Lewis Reimer the 21st day
of April A.D., 19 92 at 3:20 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 8543
Evelyn Biehn County Clerk
By Donna A. Verling

FEE \$10.00

Return: Lewis Reimer

6285 Bryant, Klamath Falls, Or. 97603