

F 9475  
D. TAG NO.  
44432 194

K-43742  
OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION Vol. M92 Page 9656  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136-

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Local File Number

State File Number

DECEDENT

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1 DECEDENT'S First Middle Last  
NAME Marian Esther McDANIEL 2 SEX Female 3 DATE OF DEATH (Month, Day, Year)  
April 29, 1992

4 SOCIAL SECURITY NUMBER 298-18-7657 5a. AGE Last Birthday (Years) 75 5b. Under 1 Year Mos Days 5c. Under 1 Day Hours Mins. 6 BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio 7 DATE OF BIRTH (Month, Day, Year)  
December 11, 1916

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 9a. PLACE OF DEATH (Check only one)  
☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify) \_\_\_\_\_

9b. FACILITY NAME (if not institution, give street and number) Plum Ridge Care Center 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) Secretary 10b. KIND OF BUSINESS/INDUSTRY Hospital 11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Widowed 12 SPOUSE (if Married, Widowed)  
Leroy

13a. RESIDENCE - STATE Oregon 13b. COUNTY Klamath 13c. CITY, TOWN OR LOCATION Klamath Falls 13d. STREET AND NUMBER 3267 Hope St.

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No 13f. ZIP CODE 97603 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify: \_\_\_\_\_ 15. RACE American Indian, Black, White, etc. (Specify) White 16. DECEDENT'S EDUCATION (Specify only highest grade completed)  
Elementary/Secondary (0-12) 12 College (13 or 5+) \_\_\_\_\_

17. FATHER - NAME first middle last George S. Beckwith 18 MOTHER - NAME first middle maiden Lucy - Mann 19 INFORMANT - NAME and relationship to decedent  
Susan DeGiacomo - Daughter

20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) \_\_\_\_\_ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)  
Eternal Hills Crematory 20c. LOCATION - City or Town, State Klamath Falls, OR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster 21b. LICENSE NUMBER (Of Licensee) 3224 22. NAME, ADDRESS AND ZIP OF FACILITY  
Eternal Hills Funeral Home  
4711 Hwy #39/ Klamath Falls, OR 97603

23 DATE FILED (Month, Day, Year) MAY 01 1992 24. REGISTRAR'S SIGNATURE Charla Robinson

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A 26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH 6:40 P M 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ 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]

30. DATE SIGNED (Month, Day, Year) 4-30-92 31. DATE SIGNED (Month, Day, Year) \_\_\_\_\_ COUNTY \_\_\_\_\_

32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)  
Ralph Breitenstein, MD - 2622 Campus Dr. - Klamath Falls, OR 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) Cerebral vascular accident Interval between onset and death 15 min  
DUE TO, OR AS A CONSEQUENCE OF: \_\_\_\_\_ Interval between onset and death \_\_\_\_\_  
(b) \_\_\_\_\_ Interval between onset and death \_\_\_\_\_  
(c) \_\_\_\_\_ Interval between onset and death \_\_\_\_\_

35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. \_\_\_\_\_

36. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown 37. AUTOPSY ☐ Yes ☒ No 38. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A

39. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

40. DATE OF INJURY (Month, Day, Year) \_\_\_\_\_ 41a. TIME OF INJURY \_\_\_\_\_ 41b. INJURY AT WORK? ☐ Yes ☒ No

41c. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify) \_\_\_\_\_ 41d. DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_

41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) \_\_\_\_\_

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.

DATE ISSUED MAY 01 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 4th day  
of May A.D., 19 92 at 2:47 o'clock P M., and duly recorded in Vol. M92  
of Deeds on Page 9656.

FEE \$10.00

Evelyn Biehn  
By [Signature] County Clerk