

44441

47 3 47

Local File Number		1. DECEASED'S NAME Alfred M. CARLSON		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 1, 1992										
4. SOCIAL SECURITY NUMBER 543-10-1901		5a. AGE Last Birthday (Years) 80		5b. Under 1 Year Mos. Days Hours		5c. Under 1 Day Hours Mins.										
6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR		7. DATE OF BIRTH (Month, Day, Year) December 27, 1911														
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)														
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath												
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Loggins Supervisor		10b. KIND OF BUSINESS/INDUSTRY Lumber Industry		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Marguerite I. Carlson										
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3948 Bartlett Avenue										
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603		14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White										
16. DECEASED'S EDUCATION (Specify only highest grade completed) 12		17. FATHER - NAME first middle last Alfred - Carlson		18. MOTHER - NAME first middle maiden Selma - Mattson		19. INFORMANT - NAME and relationship to deceased Dr. Thomas Carlson Son										
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		20c. LOCATION - City or Town, State Klamath Falls, Oregon												
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Fize</i>		21b. LICENSE NUMBER (Of Licensee) 52-0297		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601												
23. DATE FILED (Month, Day, Year) MAY 01 1992		24. REGISTRAR'S SIGNATURE <i>Charles Barcus</i>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A												
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A																
TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER												
27. TIME OF DEATH 11:25 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M										
29. To the best of my knowledge, death occurred at the time, date, place and due to the causes listed and manner stated. (Signature) <i>[Signature]</i> M.D.				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature)												
30. DATE SIGNED (Month, Day, Year) May 4 1992				33. DATE SIGNED (Month, Day, Year) COUNTY												
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Keeman, M.D. 1905 Main Street Klamath Falls, Oregon 97601				35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)												
36. 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																
<table border="0" style="width: 100%;"> <tr> <td style="width: 10%;">PART I</td> <td style="width: 70%;">(a) COPD DUE TO, OR AS A CONSEQUENCE OF: Renal failure.</td> <td style="width: 20%;">Interval between onset and death 10 yrs.</td> </tr> <tr> <td></td> <td>(b) Renal failure. DUE TO, OR AS A CONSEQUENCE OF:</td> <td>Interval between onset and death 1 yr.</td> </tr> <tr> <td></td> <td>(c) Alcoholism OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. HBP.</td> <td>Interval between onset and death</td> </tr> </table>								PART I	(a) COPD DUE TO, OR AS A CONSEQUENCE OF: Renal failure.	Interval between onset and death 10 yrs.		(b) Renal failure. DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death 1 yr.		(c) Alcoholism OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. HBP.	Interval between onset and death
PART I	(a) COPD DUE TO, OR AS A CONSEQUENCE OF: Renal failure.	Interval between onset and death 10 yrs.														
	(b) Renal failure. DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death 1 yr.														
	(c) Alcoholism OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. HBP.	Interval between onset and death														
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES, were findings consistent with cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A										
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Interment <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No										
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)														
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)																

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

DATE ISSUED MAY 04 1992

DONNA L. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Thomas Carlson the 4th day
of May A.D., 1992 at 3:47 o'clock P.M., and duly recorded in Vol. M92
of _____ of Deeds on Page 9675.

By Dorlene Miller County Clerk

FEE \$10.00

Return: Thomas Carlson
3704 Berkley Ave., 29 Palms, Ca. 92278