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121205
I.D. TAG NO
216OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1 DECEDENT'S NAME First William Middle Darrell Last CLEVELAND		2 SEX M	3 DATE OF DEATH (Month, Day, Year) May 14, 1992
4 SOCIAL SECURITY NUMBER 540-20-0730	5a AGE Last Birthday (Years) 67	5b Under 1 Year MOS Days	5c Under 1 Day Hours Mins
6 BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR		7 DATE OF BIRTH (Month, Day, Year) October 30, 1924	
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"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" 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) 2338 Eberlein Avenue		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) Fork lift operator		10b. KIND OF BUSINESS/INDUSTRY Heavy Construction	
11 MARITAL STATUS Married Never Married, Widowed, Divorced (Specify)		12 SPOUSE (if Married, Widowed) Helen P.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2338 Eberlein Avenue	
14. 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		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 11			
17. FATHER NAME first middle last Harry O. Cleveland		18. MOTHER NAME first middle maiden Wilma - Schoult	
19. INFORMANT NAME and relationship to decedent Helen P. Cleveland, wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input 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, OR 97601			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Donna C. Verling</i>		21b. LICENSE NUMBER (or License) 53-0124	
22. NAME, ADDRESS AND ZIP OF FACILITY of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		23. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
24. DATE FILED (Month, Day, Year) MAY 16 1992		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
27. TIME OF DEATH 08:00 A M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) May 14, 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Sylvia Chatroux, MD, 2300 Clairmont, Klamath Falls, Oregon 97601			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) Cardiac arrest			
(b) coronary artery disease			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
34. MANNER OF DEATH <input checked="" 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			
35. DATE OF INJURY (Month, Day, Year)			
36. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. DESCRIBE HOW INJURY OCCURRED			
39. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)			
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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DATE ISSUED MAY 16 1992

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Cleveland the 20th day
of May A.D. 19 92 at 3:24 o'clock P.M. and duly recorded in Vol. M92
of Deeds on Page 10965
Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$10.00

Return: Helen Cleveland
2338 Eberlein, Klamath Falls, Or. 97601