105702
I.D. TAG NO

200
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

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136-

S 45324
State File Number

1 DECEDENT'S NAME First: Carrie	Middle: Brown	Last: WEISER	2 SEX: F	3 DATE OF DEATH (Month, Day, Year): June 8, 1991	
4 SOCIAL SECURITY NUMBER: 544-46-6367	5a AGE - Last Birthday (Years): 58	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): November 19, 1932

DECEDENT

8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA | OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

1 — 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

2 — 10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife

10b KIND OF BUSINESS/INDUSTRY: Homemaking

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed

12 SPOUSE (If Married, Widowed): Ralph Weiser

3 — 13a RESIDENCE - STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN, OR LOCATION: Klamath Falls

13d STREET AND NUMBER: 203 High Street

4 — 13e INSIDE CITY LIMITS? ☒ Yes ☐ No

13f ZIP CODE: 97601

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): Amr. Indian

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11 | College (1-4 or 5+):

5 —

6 —

PARENTS

17 FATHER - NAME first middle last: Toye – Brown

18 MOTHER - NAME first middle maiden: Flora – Schonchin

19 INFORMANT - NAME and relationship to deceased: Bill Plummer, friend

DISPOSITION

20a METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mausenkesket Cemetery

20c LOCATION - City or Town, State: Beatty, OR 97621

7 —

8 —

9 —

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport

21b LICENSE NUMBER (Of Licensee): 47-3104

22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194

23 DATE FILED (Month, Day, Year): JUN 10 1991

24 REGISTRAR'S SIGNATURE: Nancy Kennedy

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

26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

10 —

11 —

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH:

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)

30 DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: 23:00 P M

31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 8, 1991 23:00 P M

32 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) James N. Beggs MD

33 DATE SIGNED (Month, Day, Year): June 10, 1991

COUNTY: Klamath

12 —

13 —

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601

14 —

35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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. Interval between onset and death

PART I
(a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(b) Large Right Atrial Murial Thrombus extending to R Ventricle
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37 Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unk

38 AUTOPSY ☒ Yes ☐ No

39 If YES were findings considered in determining cause of death? ☒ Yes ☐ No ☐ N/A

15 —

16 —

17 —

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a DATE OF INJURY (Month, Day, Year)

41b TIME OF INJURY

41c INJURY AT WORK? ☐ Yes ☒ 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)

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ORIGINAL VITAL STATISTICS COPY

45-2 REV. 85

DATE ISSUED JUN 20 1991

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

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

10.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Catherine Weiser the 26th day of May A.D., 19 92 at 3:32 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 11313.

Evelyn Biehn, County Clerk

By Deanna Heilman

FEE $10.00

Return: Catherine Weiser
3920 Grenada Way, Klamath Falls,Or.97603

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