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094358
I.D. TAG NO.
229OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. 92 Page 11437

State File Number

Local File Number

1 DECEDENT'S NAME First: Hazel Middle: Elizabeth Last: GEORGE			2 SEX F	3 DATE OF DEATH (Month, Day, Year) May 22, 1992
4 SOCIAL SECURITY NUMBER 542-48-6190	5a AGE Last Birthday (Years) 85	5b Under 1 Year Mos Days Hours Mins	5c Under 1 Day	6 BIRTHPLACE (City and State or Foreign) Kerby, Oregon
7 DATE OF BIRTH (Month, Day, Year) December 25, 1906				
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> ODA <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 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		10b KIND OF BUSINESS/INDUSTRY Own Home		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12 SPOUSE (if Married, Widowed) Loren W. George		13a RESIDENCE - STATE Oregon		
13b COUNTY Klamath		13c CITY, TOWN OR LOCATION Klamath Falls		
13d STREET AND NUMBER 1043 Patterson Street		14 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13f ZIP CODE 97603		14a 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 (D 12) College (14 or 5+) 1		17 FATHER - NAME first middle last George - Wells		
18 MOTHER - NAME first middle maiden Elsie Ruth Howard		19 INFORMANT - NAME and relationship to deceased Loren W. George Spouse		
20a METHOD OF DISPOSITION <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) Mt. Laki Cemetery		20c LOCATION - City or Town, State Klamath Falls, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Oha</i>		21b LICENSE NUMBER (Of Licensee) 47-3287		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 27 1992		24 REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27 TIME OF DEATH 7:25 P M		28 WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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>F. Geoffrey Marx</i> M.D.				
30 DATE SIGNED (Month, Day, Year) 5/26/92				
31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx M.D. 2614 Clover Street Klamath Falls, Oregon 97601				
32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
TO BE COMPLETED ONLY BY MEDICAL EXAMINER				
31a TIME OF DEATH M		31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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)				
33 DATE SIGNED (Month, Day, Year)		COUNTY		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				
CAUSE OF DEATH				
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.				
PART I (a) Heart Failure		Interval between onset and death 10 yrs		
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 10 yrs		
(b) Mitral insufficiency		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Bronchitis				
37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
39 If YES were findings considered in determining cause of death?				
40 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		41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY M
41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" 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)		

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DATE ISSUED

MAY 27 1992

DONNA A. VERLING
KLAMATH COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Loren W. George the 27th day
of May A.D., 19 92 at 3:20 o'clock P.M., and duly recorded in Vol. M92
of Deeds on Page 11437.

Evelyn Biehn County Clerk

FEE \$10.00

Return: Loren W. George
1043 Patterson, Klamath Falls, Or. 97603