

1. DECEDENT'S NAME First: Robert Middle: Francis Last: PENNY			2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 29, 1991
4. SOCIAL SECURITY NUMBER 561-28-9955		5a. AGE, Last Birthday (Years) 66	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> LOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (if not institution, give street and number) UNIVERSITY HOSPITAL SOUTH			9b. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Deputy Sheriff			10b. KIND OF BUSINESS/INDUSTRY Los Angeles County	
11a. RESIDENCE - STATE Oregon			11b. COUNTY Klamath	
12a. RESIDENCE - CITY Beatty			12b. STREET AND NUMBER Drews Road	
13a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			13b. ZIP CODE 97621	
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 (9-12) College (13-16) <input type="checkbox"/> 17. DECEDENT'S MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify) Married			18. SPOUSE (If Married, Widowed) Barbara Penny	
19. FATHER - NAME first middle last Herbert Penny			20. MOTHER - NAME first middle maiden RUBY ROYLE	
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Uniservice Crematory			22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Portland, Oregon	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert D. Penny</i>			24. LICENSE NUMBER (Of Licensee) 47 - 3326	
25. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603			26. DATE OF DEATH (Month, Day, Year) JUL 05 1991	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			28. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
29. TIME OF DEATH 11:38 PM		30. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Henry Daniel Zyzanski MD</i>				
32. DATE SIGNED (Month, Day, Year) 6/30/91				
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Henry Daniel Zyzanski MD 1313 SW Sam Jackson Park Road, Portland, Oregon 97201				
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Donald D. McConnell MD				
35. 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) Peritonitis				
PART II (b) Bowel Infarction				
PART III (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I.				
36. Did behavior contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
37. Was there a pre-existing condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
38. 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 Intervention <input type="checkbox"/> Homicide				
39a. DATE OF INJURY (Month, Day, Year)		39b. TIME OF INJURY		39c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		40b. LOCATION (Street and Number or Box or Route Number, City or Town, State)		

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JUL 12 1991

DATE ISSUED

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Kosta, Spencer, MacArthur the 29th day of May A.D., 19 92 at 10:21 o'clock A.M. and duly recorded in Vol. M92 of Deeds on Page 11587

FEE \$10.00

Return: Kosta, Spencer, MacArthur
123 N. 4th, Klamath Falls, Or. 97601

Evelyn Biehn - County Clerk

By Arthur W. Bloom