

CERTIFICATION OF VITAL RECORD

E 4977
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

Vol 92 Page 12632

State File Number

45986

Local File Number

1. DECEDENT'S NAME First: <u>Ona</u> Middle: <u>Faye</u> Last: <u>ROWE</u>		2. SEX <u>Female</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 28, 1992</u>
4. SOCIAL SECURITY NUMBER <u>463-09-2239</u>		5a. AGE-Last Birthday (Years) <u>83</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Cisco TX</u>		7. DATE OF BIRTH (Month, Day, Year) <u>June 2, 1908</u>	
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"/> EROutpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <u>XX</u> Raising Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. CITY, TOWN, OR LOCATION OF DEATH <u>Florence</u>		9c. COUNTY OF DEATH <u>Lane</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Home Maker</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Own Home</u>	
11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) <u>Divorced</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Lane</u>	
13c. CITY, TOWN OR LOCATION <u>Westlake</u>		13d. STREET AND NUMBER <u>81887 Ada Station Rd</u>	
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) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <u> </u>		17. FATHER - NAME first middle maiden <u>C.U. HORN</u>	
18. MOTHER - NAME first middle maiden <u>Ida Mae HARRIS</u>		19. INFORMANT - NAME and relationship to deceased <u>Bob Garrett nephew</u>	
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) <u>Musgroves Family Crematory</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Alfred R. Kearns</u>		21b. LICENSE NUMBER <u>47-3065</u>	
22. DATE FILED (Month, Day, Year) <u>June 4 1992</u>		23. NAME, ADDRESS AND ZIP OF FACILITY <u>Riverside Chapel P.O. BOX 250 Florence, OR 97439</u>	
24. REGISTRAR'S SIGNATURE <u>Alfred R. Kearns</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		27. TIME OF DEATH <u>2:10A</u> <input type="checkbox"/> M <input checked="" type="checkbox"/> P <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) <u>Albert R. Kearns MD</u>		29. DATE SIGNED (Month, Day, Year) <u>05/28/92</u>	
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Albert R. Kearns PO Box 19,000 Florence OR 97439</u>		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>	

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

CAUSE OF DEATH

32. 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
(a) <u>Spontaneous intracerebral hemorrhage</u>		<u>21wk</u>
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
33. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>ASAD</u>		34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. 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	36. DATE OF INJURY (Month, Day, Year) <u> </u>	37. TIME OF INJURY <u> </u> <input type="checkbox"/> M <input type="checkbox"/> P <input type="checkbox"/> Yes <input type="checkbox"/> No
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>	39. DESCRIBE HOW INJURY OCCURRED <u> </u>	
40. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH

DATE ISSUED

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Bobby Jack Garrett, Sr. the 10th day of June A.D., 19 92 at 11:50 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 12632
By Evelyn Biehn County Clerk
By Alfred R. Kearns

FEE \$10.00

Return: Bobby Jack Garrett, SR.
81887 ADA Station Rd., Westlake, Or. 97493