

103082

I.D. TAG NO.

259

Local File Number

## OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

## CERTIFICATE OF DEATH

136-

State File Number

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46347

DECEASED

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PARENTS

DISPOSITION

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REGISTRAR

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1. DECEASED'S NAME First: John Middle: LYNCH Last: LYNCH		2. SEX M	3. DATE OF DEATH (Month, Day, Year) June 5, 1992
4. SOCIAL SECURITY NUMBER 543/32/1760	5a. AGE - Last Birthday (Years) 83	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Mins.
6. BIRTHPLACE (City and State or Foreign Country) Ireland		7. DATE OF BIRTH (Month, Day, Year) March 20, 1909	
8. WAS DECEASED 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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Rancher		10b. KIND OF BUSINESS/INDUSTRY Ranching	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mary	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 6246 Bryant Avenue
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE 97603	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8			
17. FATHER - NAME first middle last Tom - Lynch		18. MOTHER - NAME first middle maiden Bridget - Ahern	
19. INFORMANT - NAME and relationship to decedent Mary Lynch / Wife			
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. Calvary Cemetery	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James K. J. J. J.</i>		21b. LICENSE NUMBER (Of Licensee) 3409	22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year) JUN 10 1992		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
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	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 1500		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>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) June 8 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, MD / 2610 Uhrmann Road / 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.			
(a) Malignant non-Hodgkin's Lymphoma		Interval between onset and death 27 months	
(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	
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I Congestive heart failure			
35. 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"/> Homicide <input type="checkbox"/> Legal Intervention		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
37. DATE OF INJURY (Month, Day, Year)		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. TIME OF INJURY		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41. DESCRIBE HOW INJURY OCCURRED	
41a. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 3-90

DATE ISSUED JUN 10 1992

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Lynch the 17th day of June A.D., 19 92 at 3:54 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 13392.

FEE \$10.00

Return: Mary Lynch

6246 Bryant, Klamath Falls, Or. 97603

Evelyn Biehn, County Clerk

By *[Signature]*