

CERTIFICATION OF VITAL RECORD

103078

I.D. TAG NO

324

18476

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

Vol. 92 Page 17313

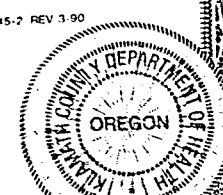
State File Number

1 DECEDENT'S NAME Winifred Virginia		2 SEX F		3 DATE OF DEATH (Month, Day, Year) July 26, 1992	
4 SOCIAL SECURITY NUMBER 573/40/7829		5a AGE - Last Birthday (Years) 65		5b Under 1 Year Months 0 Days 0 Hours 0	
6 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		7 BIRTHPLACE (City and State or Foreign Country) San Lucas, CA.		8 DATE OF BIRTH (Month, Day, Year) Dec. 28, 1926	
9a FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b PLACE OF DEATH (Check only one) ☐ Hospital ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		9c COUNTY OF DEATH Klamath	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner		10b KIND OF BUSINESS/INDUSTRY Restaurant		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	
12a RESIDENCE - STATE Oregon		12b COUNTY Klamath		12c CITY, TOWN, OR LOCATION Klamath Falls	
13a INSIDE CITY LIMITS? ☒ Yes ☐ No		13b 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) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17 SPOUSE (If Married, Widowed) -	
18 FATHER - NAME first middle last Charles Allen Lamb		19 MOTHER - NAME first middle last Thelma E. Eddington		20 INFORMANT - NAME and relationship to decedent Jo Reynolds / Daughter	
21a METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		21b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		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) JUL 29 1992		24 REGISTRAR'S SIGNATURE <i>Charles Robinson</i>		25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A	
26 TIME OF DEATH 0805		27 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No		28 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a TIME OF DEATH 31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 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	
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>Steven K. Bidleman</i>		30 DATE SIGNED (Month, Day, Year) 7-29-92		34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Steven K. Bidleman, MD / 2680 Uhrmann Road / Klamath Falls, Ore. / 97601	
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		37 Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Link	
38 IMMEDIATE CAUSE (a) Cerebrovascular Accident (Stroke) (b) Cerebrovascular Disease (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I Emphysema		39 AUTOPSY ☐ Yes ☒ No		40 MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention	
41a DATE OF INJURY (Month, Day, Year)		41b TIME OF INJURY		41c INJURY AT WORK? ☐ Yes ☒ No	
41d PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e LOCATION (Street and Number or Rural Route Number, City or Town, State)		41f DESCRIBE HOW INJURY OCCURRED	

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

DATE ISSUED JUL 29 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 Joe Elaine Reynolds the 4th day of Aug. A.D., 19 92 at 2:33 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 17313.

FEE \$10.00
Return: Joe Elaine Reynolds
P.O. Box 2151, Klamath Falls, Or. 97601

Evelyn Biehn, County Clerk
By *Donna A. Verling*