

CERTIFICATION OF VITAL RECORD

103068

OREGON DEPARTMENT OF HUMAN RESOURCES

I.D. TAG NO.

HEALTH DIVISION

Vol. 17978 Page 17978

343

CENTER FOR HEALTH STATISTICS

136-

CERTIFICATE OF DEATH

State File Number

1 DECEDENT'S NAME First: John Middle: Calvin Last: LEWIS		2 SEX M	3 DATE OF DEATH (Month, Day, Year) August 8, 1992
4 SOCIAL SECURITY NUMBER 563/28/2710	5a AGE Last Birthday (Years) 65	5b Under 1 Year Mos: Days: Hours: Mins:	6 BIRTHPLACE (City and State or Foreign Country) Blue Lake, CA.
7 DATE OF BIRTH (Month, Day, Year) August 30, 1926			
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <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) Maintenance Man		10b. KIND OF BUSINESS/INDUSTRY Or. St. Hwy Dept.	
11 MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify):		12 SPOUSE (if Married, Widowed, Divorced (Specify): Irene Lucille	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 4413 Winter Avenue	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
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 (10-12) College (14 or 15+) 10			
17. FATHER - NAME first middle last Walter Ray Lewis		18. MOTHER - NAME first middle maiden Ruth - Farries	
19. INFORMANT - NAME and relationship to decedent Irene Lewis / Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Klamath Cremation Service	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James H. ...</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) AUG 11 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 1733 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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>Blake D. Berven</i>			
30. DATE SIGNED (Month, Day, Year) August 10, 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Blake D. Berven, MD / 2616 Clover / 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)			
PART I (a) Cardiogenic Shock		Interval between onset and death 2 hours	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Acute Inferior Myocardial Infarction		2 hours	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) ASHD		25 years	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
Diabetes Mellitus			
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"/> Homicide <input type="checkbox"/> Legal Intervention		41. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	
42a. DATE OF INJURY (Month, Day, Year)		42b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. DESCRIBE HOW INJURY OCCURRED	
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED AUG 11 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 Irene Lewis the 12th day of Aug. A.D., 19 92 at 3:03 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 17978.

FEE \$10.00
Return: Irene Lewis
4413 Winter, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By *Donna A. Verling*