

CERTIFICATION OF VITAL RECORD

094085
I.D. TAG NO.
341
Local File Number

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

Vol. m92 Page 18049

136-

State File Number

1 DECEDENT'S NAME First: <u>Owen</u> Middle: <u>Frederick</u> Last: <u>BADLEY</u>		2 SEX <u>Male</u>	3 DATE OF DEATH (Month, Day, Year) <u>August 6, 1992</u>
4 SOCIAL SECURITY NUMBER <u>540-12-4047</u>		5a AGE Last Birthday (Years) <u>70</u>	5b Under 1 Year Mos. <u> </u> Days <u> </u>
5c Under 1 Day Hours <u> </u> Mins <u> </u>		6 BIRTHPLACE (City and State or Foreign Country) <u>Sweet, Idaho</u>	
7 DATE OF BIRTH (Month, Day, Year) <u>December 4, 1921</u>			
8a PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>			
9b FACILITY NAME (if not institution, give street and number) <u>Merle West Medical Center</u>		9c CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d COUNTY OF DEATH <u>Klamath</u>			
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Meat Cutter</u>		10b KIND OF BUSINESS/INDUSTRY <u>Wholesale Food Industry</u>	
11 MARITAL STATUS <u>Married</u>		12 SPOUSE (If Married, Widowed, Divorced) (Specify) <u>Alice J. Badley</u>	
13a RESIDENCE - STATE <u>Oregon</u>		13b COUNTY <u>Klamath</u>	
13c CITY, TOWN OR LOCATION <u>Klamath Falls</u>		13d STREET AND NUMBER <u>1335 Lookout Avenue</u>	
13e INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f ZIP CODE <u>97601</u>	
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify <u> </u>		15 RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (1-8) <u> </u> Secondary (9-12) <u>12</u> College (14 or 5+) <u> </u>			
17 FATHER - NAME first middle last <u>Robert Henry Badley</u>		18 MOTHER - NAME first middle maiden <u>Velma - Harrington</u>	
19 INFORMANT NAME and relationship to decedent <u>Alice J. Badley Spouse</u>			
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <u> </u>		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Cremation Service</u>	
20c LOCATION City or Town, State <u>Klamath Falls, Oregon</u>			
21 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>James O. Rigg</u>		21b LICENSE NUMBER (or License) <u>52-0297</u>	
22 NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel</u> <u>515 Pine St. Klamath Falls, OR 97601</u>			
23 DATE FILED (Month, Day, Year) <u>AUG 11 1992</u>		24 REGISTRAR'S SIGNATURE <u>Charles Robinson</u>	
25 DID DECEASENT REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26 WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>27. TIME OF DEATH <u>1:35 P</u> <input checked="" type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) <u>Arthur G. Freeland</u> M.D.</p> <p>30. DATE SIGNED (Month, Day, Year) <u>8-10-92</u></p> </div> <div style="width: 45%;"> <p>31a TIME OF DEATH <u> </u> <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N</p> <p>31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u> </u> <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N</p> <p>32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature) <u> </u></p> <p>33. DATE SIGNED (Month, Day, Year) <u> </u> COUNTY <u> </u></p> </div> </div>			
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Arthur G. Freeland M.D. 1905 Main Street Klamath Falls, Oregon 97601</u>			
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>John Kleeman M.D.</u>			
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			
PART I (a) <u>MI</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>minutes</u>	
(b) <u>ASCVD</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>9 yrs</u>	
(c) <u>Hypercholesterolemia, smoking</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>indefinite</u>	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <u>COPD</u>		37 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38 AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39 If YES, were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a DATE OF INJURY (Month, Day, Year) <u> </u>	
41b TIME OF INJURY <u> </u> <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> N		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41e LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL RECORD 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 Alice Badley the 13th day of Aug. A.D. 19 92 at 11:10 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 18049.

FEE \$10.00
Return: Alice Badley
1335 Lookout, Klamath Falls, Or. 97601
By Evelyn Biehn County Clerk