

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

Page 18164

48951

103067

**I.D. TAG NO.**

344

Local File Number

State File Number

<b>CEASE</b>		<b>Local File Number</b>		<b>CERTIFICATE OF DEATH</b>		<b>Date of Death</b>	
<b>DECEDENT'S NAME</b> First Middle Last <b>Leonard LeRoy PATE</b>		<b>SEX</b> M		<b>DATE OF DEATH</b> August 8, 1992			
<b>SOCIAL SECURITY NUMBER</b> 507/28/3981		<b>AGE Last Birthday (Years)</b> 88		<b>BIRTHPLACE (City and State or Foreign Country)</b> Grafton, NE		<b>DATE OF BIRTH (Month, Day, Year)</b> Dec. 25, 1903	
<b>WAS DECEDENT EVER IN U.S. ARMED FORCES?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA		<b>OTHER</b> <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
<b>PLACED OF DEATH (Check only one)</b>							
<b>FACILITY NAME (If not institution, give street and number)</b> 1750 Homedale Road		<b>CITY, TOWN, OR LOCATION OF DEATH</b> Klamath Falls		<b>COUNTY OF DEATH</b> Klamath			
<b>DECEASED'S USUAL OCCUPATION</b> (Give kind of work done during most of working life. Do not use retired) Superintendent		<b>KIND OF BUSINESS/INDUSTRY</b> Education		<b>MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)</b> Married		<b>SPOUSE (If Married, Woman)</b> Beryl	
<b>RESIDENCE - STATE</b> Oregon		<b>COUNTY</b> Klamath		<b>CITY, TOWN OR LOCATION</b> Klamath Falls		<b>STREET AND NUMBER</b> 1750 Homedale Road	
<b>INSIDE CITY LIMITS?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>ZIP CODE</b> 97603		<b>WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>RACE American Indian, Black, White, etc. (Specify)</b> White	
				<b>EDUCATION (Specify only highest grade completed)</b> Elementary/Secondary ( ) College (1 4 or 5) 1 5			
<b>FATHER - Name first middle last</b> Walter - Pate		<b>MOTHER - Name first middle maiden</b> Gertrude Louisa Sewell		<b>INFORMANT - Name and relationship to decedent</b> Beryl Pate / Wife			
<b>METHOD OF DISPOSITION</b> <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		<b>PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)</b> Eternal Hills Memorial Gardens		<b>LOCATION City or Town, State</b> Klamath Falls, Oregon			
<b>SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b> <i>[Signature]</i>		<b>LICENSE NUMBER (Of Licensee)</b> 3409		<b>NAME, ADDRESS AND ZIP OF FACILITY</b> Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601			
<b>DATE FILED (Month, Day, Year)</b> AUG 11 1992		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>					
<b>DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<b>WAS GIFT MADE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
<b>TO BE COMPLETED BY CERTIFYING PHYSICIAN</b>		<b>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</b>					
<b>TIME OF DEATH</b> M <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>WAS MEDICAL EXAMINER NOTIFIED?</b> M <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>TIME OF DEATH</b> 0120 M		<b>DATE PROHOUNCED DEAD (Month, Day, Year, Hour)</b> August 8, 1992 @ 0120 M	
<b>To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated</b> (Signature) <i>[Signature]</i>		<b>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</b> (Signature) <i>[Signature]</i>					
<b>DATE SIGNED (Month, Day, Year)</b>				<b>DATE SIGNED (Month, Day, Year)</b> 8-10-92		<b>COUNTY</b> Klamath	
<b>NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)</b> Robert E. Jamison, MD / 2865 Daggett / Klamath Falls, Oregon / 97601							
<b>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>							
<b>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</b>							
<b>PART I</b>		<b>(a) Anteriosclerotic Heart Disease</b>					
<b>DUE TO, OR AS A CONSEQUENCE OF:</b>							
<b>(b)</b>							
<b>DUE TO, OR AS A CONSEQUENCE OF:</b>							
<b>(c)</b>							
<b>PART II</b>		<b>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I</b>					
<b>MANNER OF DEATH</b> <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"/> Legal Intervention <input type="checkbox"/> Homicide		<b>DATE OF INJURY (Month, Day, Year)</b>		<b>TIME OF INJURY</b> M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>INJURY AT WORK?</b>	
						<b>DESCRIBE HOW INJURY OCCURRED</b>	
		<b>PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)</b>		<b>LOCATION (Street and Number or Rural Route Number, City or Town, State)</b>			
<b>RESERVED FOR REGISTRAR'S USE</b>							

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

AUG 11 1992

DATE ISSUED

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

STATE OF OREGON: COUNTY OF KLAMATH:      ss.

Filed for record at request of Beryl Pate the 14th day  
of Aug. A.D., 19 92 at 11:12 o'clock A M., and duly recorded in Vol. M92  
of Deeds on Page 18164.

On page \_\_\_\_\_  
Evelyn Biehn                      • County Clerk

FEE \$10.00

Return: Beryl Pate

Return: Beryl Tate  
1750 Homedale, Klamath Falls, Or. 97603