CERTIFICATION OF VITAL RECORD

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49721

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

I.D. TAG NO. 224 (Local File Number)

136- (State File Number)

1 DECEDENT'S NAME: First Helen; Middle Gladys; Last OWENS

2 SEX: F

3 DATE OF DEATH (Month, Day, Year): May 17, 1992

4 SOCIAL SECURITY NUMBER: 540-40-6157

5a AGE - Last Birthday (Years): 84

5b Under 1 Year: Mos. Days

5c Under 1 Day: Hours Mins.

6 BIRTHPLACE (City and State or Foreign Country): Washburn, ND.

7 DATE OF BIRTH (Month, Day, Year): November 1, 1907

8a PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

8b COUNTY OF DEATH: Klamath

8c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

8d FACILITY NAME (If not institution, give street and number): Merle West Medical Center

9 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Teacher

10b KIND OF BUSINESS/INDUSTRY: Elementary Ed.

11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12 SPOUSE (If Married, Widowed): Chester

13a RESIDENCE - STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN, OR LOCATION: Klamath Falls

13d STREET AND NUMBER: 2136 Cable

13e INSIDE CITY LIMITS? ☐ Yes ☒ No

13f 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): Elementary/Secondary (0-12): 2; College (1-4 or 5+):

17 FATHER - NAME: First William; Middle Joseph; Last Jennings

18 MOTHER - NAME: First Hilda; Middle Christina; Maiden Carlson

19 INFORMANT - NAME and relationship to deceased: Don Owens / Son

20a METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park

20c LOCATION - City or Town, State: Klamath Falls, Oregon

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]

21b LICENSE NUMBER (Of Licensee): 3409

22 NAME, ADDRESS AND ZIP OF FACILITY: Ward & Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

23 DATE FILED (Month, Day, Year): MAY 19 1992

24 REGISTRAR'S SIGNATURE: Charla Robinson

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26 WAS GIFT MADE? ☐ YES ☐ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 2020 M

28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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): Kenneth K. Magee

30 DATE SIGNED (Month, Day, Year): 5-18-92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M

31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Oregon / 97601

35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I

36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) Do not enter mode of dying, eg. Cardiac or Respiratory Arrest

(a) Sustained Ventricular Tachycardia (Convert) — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: Dilated Cardiomyopathy — Interval between onset and death

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death

PART II

(d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37 Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☐ Unk

38 AUTOPSY ☐ Yes ☒ No

39 Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a DATE OF INJURY (Month, Day, Year)

41b TIME OF INJURY: M

41c INJURY AT WORK? ☐ Yes ☐ No

41d DESCRIBE HOW INJURY OCCURRED

41e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV 3-90

ORIGINAL - VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED August 24 1992

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

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Don Owens the 25th day of Aug. A.D., 19 92 at 10:44 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 19292.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00

Return: Don Owens
1345 Johnson, Klamath Falls, Or. 97601