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CERTIFICATE OF VITAL RECORD

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

F - 9154
I.D. TAG NO.
397
Local File Number

136- State File Number

1. DECEDENT'S NAME
First: Leona Middle: Oren Last: MAXWELL

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): Sept. 12, 1992

4. SOCIAL SECURITY NUMBER: 524-20-0103

5a. AGE Last Birthday (Years): 69

5b. Under 1 Year: Mos. Days: Hours: Mins:

5c. Under 1 Day:

6. BIRTHPLACE (City and State or Foreign Country): Salt Creek, Wyo.

7. DATE OF BIRTH (Month, Day, Year): Aug. 24, 1923

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

9a. PLACE OF DEATH (Check only one)
☐ HOSPITAL ☐ Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify):

9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9c. COUNTY OF DEATH: Klamath

10. FACILITY NAME (if not institution, give street and number): Merle West Medical Center/2865 Daagett

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

10b. KIND OF BUSINESS/INDUSTRY: Grocery

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

12. SPOUSE (if Married, Widowed, Divorced (Specify): Carl

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: 3117 Maryland Street

13d. STREET AND NUMBER: 3117 Maryland Street

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): 12

17. FATHER - NAME first middle last: Oren Maynard Scott

18. MOTHER - NAME first middle maiden: Edna Mary Bebur

19. INFORMANT - NAME and relationship to decedent: Carl Maxwell Spouse

20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gdns.

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wm. J. Taylor

21b. LICENSE NUMBER (of Licensee): 3302

22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home
4711 Hwy #39/Klamath Falls, OR 97603

23. DATE FILED (Month, Day, Year): SEP 15 1992

24. REGISTRAR'S SIGNATURE: Charles Robinson

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

26. WAS GIFT MADE?
☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 19:15 p.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): [Signature]

30. DATE SIGNED (Month, Day, Year): 9/14/92

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Geoffrey F. Marx M.D./2614 Clover/Klamath Falls, Oregon 97601

32. 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.

(a) Gangrene @ Foot

(b) Diabetes and Arteriosclerosis

(c) Hypertension Renal Failure COPD

33. DATE OF DEATH: 9/12/92

34. TIME OF DEATH: 19:15 p.m.

35. PLACE OF DEATH: 3117 Maryland Street

36. COUNTY OF DEATH: Klamath

37. Did tobacco use contribute to the death?
☒ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY: ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death?
☐ Yes ☐ No ☒ N/A

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

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

41b. TIME OF INJURY:

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

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DATE ISSUED: SEP 15 1992Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 16th day
Filed for record at request of Carl Maxwell
of September A.D., 19 92 at 3:34 o'clock P M., and duly recorded in Vol. 1792
of Deeds on Page 21181
By Evelyn Biehn County Clerk
Deborah Helrich

FEE \$10.00

Return to: Carl Maxwell-3117 Maryland--Klamath Falls, OR 97603