

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. 92 Page 22144
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

I.D. TAG NO.
418
F - 9157
Local File Number

51264

1. DECEDENT'S NAME First: <u>James</u> Middle: <u>Level</u> Last: <u>O'Donahue</u>			2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>Sept. 16, 1992</u>
4. SOCIAL SECURITY NUMBER <u>543-10-9234</u>	5a. AGE Last Birthday (Years) <u>91</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>Davenport, WA.</u>
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8a. PLACE OF DEATH (Check only one) <input 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>		
9a. FACILITY NAME (If not institution, give street and number) <u>2425 Watson Street</u>		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>		9c. 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>Sales</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Farm Supplies</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
12. SPOUSE (If Married, Widowed, Divorced (Specify) <u>Helen S.</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>2425 Watson Street</u>		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) <u>White</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) <u>8th</u> College (14 or 5+) <u> </u>		
17. FATHER - NAME first middle last <u>Daniel - O'Donahue</u>		18. MOTHER - NAME first middle maiden <u>Sara - Level</u>		19. INFORMANT - NAME and relationship to decedent <u>Helen S. - Spouse</u>
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) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gdns.</u>		20c. LOCATION - City or Town, State <u>Klamath Falls</u>
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Wm. J. Tedder</u>		21b. LICENSE NUMBER (Of Licensee) <u>3302</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39/Klamath Falls, Oregon</u>
23. DATE FILED (Month, Day, Year) <u>SEP 21 1992</u>		24. REGISTRAR'S SIGNATURE <u>Charles Robinson</u>		
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 <u>6:40 p</u>		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) <u>[Signature]</u>				
30. DATE SIGNED (Month, Day, Year) <u>September 18, 1992</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert F. Bohnen M.D. / 2610 Uhlmann Rd. / Klamath Falls, Oregon 97601</u>				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Robert F. Bohnen M.D. / 2610 Uhlmann Rd. / Klamath Falls, Oregon 97601</u>				
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) DUE TO, OR AS A CONSEQUENCE OF: <u>Sudden cardiac</u>		Interval between onset and death <u>1 month</u>		
PART I (b) DUE TO, OR AS A CONSEQUENCE OF: <u> </u>		Interval between onset and death <u> </u>		
PART I (c) DUE TO, OR AS A CONSEQUENCE OF: <u> </u>		Interval between onset and death <u> </u>		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <u>None</u>				
34. 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"/> Legal Intervention <input type="checkbox"/> Homicide		35a. DATE OF INJURY (Month, Day, Year) <u> </u>		35b. TIME OF INJURY M <u> </u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. DESCRIBE HOW INJURY OCCURRED <u> </u>		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>		

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ORIGINAL VITAL STATISTICS COPY

45-2 P

DATE ISSUED:

SEP 23 1992

Charles Barcus
CHARLENE BARCUS
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen O'Donahue the 24th day of Sept. A.D., 19 92 at 2:59 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 22144.

Evelyn Biehn County Clerk

By Charles Barcus

FEE \$10.00

Return: Helen O'Donahue
2425 Watson, Klamath Falls, Or. 97603