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103111  
I.D. TAG NO.  
413  
Local File Number

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

State File Number

Vol. M92 Page 22487

DECEDENT

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PARENTS

DISPOSITION

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9

REGISTRAR

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11

CERTIFIER

12

13

14

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

CAUSE OF  
DEATH

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1. DECEDENT'S NAME First: <b>DALE</b> Middle: <b>ELWIN</b> Last: <b>WELCH</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>Sept 21 1992</b>
4. SOCIAL SECURITY NUMBER <b>543 10 1133</b>	5a. AGE Last Birthday (Year) <b>78</b>	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign) <b>Crifmax, Kansas</b>		7. DATE OF BIRTH (Month, Day, Year) <b>Oct 4 1913</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <b>Hospital</b>	
9b. FACILITY NAME (If not institution, give street and number) <b>Merle West Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Lumber Worker</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Lumbering</b>	
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify):		12. SPOUSE (If Married, Widowed) <b>Ruth Ann Welch</b>	
13a. RESIDENCE - STATE <b>Oregon</b>	13b. COUNTY <b>Klamath</b>	13c. CITY, TOWN OR LOCATION <b>Klamath Falls</b>	13d. STREET AND NUMBER <b>2742 Dayton</b>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>97603</b>	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) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (in 12) <b>4</b> College (14 or 15) <b>4</b>	
17. FATHER - NAME first middle last <b>George O. Welch</b>		18. MOTHER - NAME first middle maiden <b>Emma Urban</b>	
19. INFORMANT - NAME and relationship to decedent <b>Beulah Redfield, Dau.</b>		20. LOCATION - City or Town, State <b>Klamath Falls, Oregon</b>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Eternal Hills Cemetery</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Don O. Jones</i>		21b. LICENSE NUMBER (Of License) <b>92 47 3211</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>Wards Klamath Funeral Home Klamath Falls, Oregon 97601</b>		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
23. DATE FILED (Month, Day, Year) <b>SEP 23 1992</b>		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 M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) <i>James N. Beggs MD</i>			
30. DATE SIGNED (Month, Day, Year) <b>9/22/92</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>James N. Beggs, MD/ 2300 Clairmont Dr./ Klamath Falls, / Oregon/ 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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) <b>Myocardial infarction</b>		Interval between onset and death	
(b)		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Severe COPD/hypoxia, controlled tachycardia</b>			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings contributory in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input 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		41. DESCRIBE HOW INJURY OCCURRED	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
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)	
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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

DATE ISSUED: **SEP 23 1992**

*Charles Barcus*  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ruth Welch the 28th day of Sept. A.D., 19 92 at 2:09 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 22487.

FEE \$10.00

Return: Ruth Welch

2742 Dayton, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By *Charles Barcus*