

# CERTIFICATION OF VITAL RECORD

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

Vol. m92 Page 22860

121250  
I.D. TAG NO.  
415  
Local File Number

State File Number

51663

DECEDENT

1  
2  
3  
4  
5  
6

PARENTS

DISPOSITION

7  
8  
9

REGISTRAR

CERTIFIER

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

CAUSE OF  
DEATH

15  
16  
17

1. DECEDENT'S NAME <b>Sennet Arthur OLIVER</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>September 21, 1992</b>
4. SOCIAL SECURITY NUMBER <b>555-09-5568</b>		5. AGE Last Birthday (Years) <b>79</b>	
6. BIRTHPLACE (City and State or Foreign Country) <b>Humbolt, Nebraska</b>		7. DATE OF BIRTH (Month, Day, Year) <b>January 4, 1913</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. 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"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) <b>11517 Richardson Lane</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
12. COUNTY OF DEATH <b>Klamath</b>		13. CITY, TOWN, OR LOCATION OF DEATH <b>Keno</b>	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Machine Shop</b>		15. SPOUSE (If Married, Widowed) <b>Virginia M. Oliver</b>	
16. RESIDENCE - STATE <b>Oregon</b>		17. STREET AND NUMBER <b>11517 Richardson Lane</b>	
18. RESIDENCE - COUNTY <b>Klamath</b>		19. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE <b>97627</b>	
22. 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 Specify:		23. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
24. FATHER - NAME first middle last <b>Joseph Arthur Oliver</b>		25. MOTHER - NAME first middle maiden <b>Vesta May Remy</b>	
26. 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) <b>Klamath Cremation Service</b>		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Falls, OR 97601</b>	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>William J. Davenport</i>		29. LICENSE NUMBER (Of Licensee) <b>47-3104</b>	
30. DATE FILED (Month, Day, Year)		31. NAME, ADDRESS AND ZIP OF FACILITY <b>Davenport's Chapel of the Good Shepherd, 6420 South Sixth St Klamath Falls, Oregon 97603-7194</b>	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
34. TIME OF DEATH <b>12:45 P M</b>		35. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Ralph A. Breitenstein</i>			
37. DATE SIGNED (Month, Day, Year) <b>September 21, 1992</b>			
38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601</b>			
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
40. 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) <i>myocardial infarction</i>		Interval between onset and death <b>10 hrs</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		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. <i>atherosclerotic coronary artery disease</i>			
41. 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		42. DATE OF INJURY (Month, Day, Year)	
43. TIME OF INJURY <b>M</b>		44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
45. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		46. DESCRIBE HOW INJURY OCCURRED	
47. LOCATION (Street and Number or Rural Route Number, City or Town, State)		48. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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

SEP 23 1992

DATE ISSUED:

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Virginia M. Oliver the 30th day of Sept. A.D., 19 92 at 3:39 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 22860.  
By Evelyn Biehn County Clerk  
*D. Biehn*

FEE \$10.00

Return: Virginia M. Oliver  
P.O. Box 103, Keno, Or. 97627