

PERMANENT
BLACK INK

#103110
I.D. TAG NO.

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

Vol 92 Page 23236

51873

Local File Number
921082

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CONDITIONS

RESERVED FOR REGISTRAR'S USE

1. DECEDENT'S NAME First: Elwood Middle: William Last: MALONEY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) September 21, 1992
4. SOCIAL SECURITY NUMBER 532-22-9698		5a. AGE Last Birthday (Years) 71	5b. Under 1 Year Mos Days Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) Williston, N.D.		7. DATE OF BIRTH (Month, Day, Year) March 29, 1921	
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 checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> IDOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Rogue Valley Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Medford	
9d. COUNTY OF DEATH Jackson			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Forester		10b. KIND OF BUSINESS/INDUSTRY Timber Products	
11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed) Rosemary	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 742 Buena Vista	
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) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 16) 4+			
17. FATHER - NAME first middle last Charles F. Maloney		18. MOTHER - NAME first middle maiden Nellie - Hinch	
19. INFORMANT - NAME and relationship to deceased Edward Maloney-Son			
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)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mount Calvary Cemetery	
20c. LOCATION - City or Town, State Klamath Falls, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Charles J. Lays		21b. LICENSE NUMBER (Of license) 3239	
22. NAME, ADDRESS AND ZIP OF FACILITY Wards Funeral Home 1945 Main St. Klamath Falls OR 97601			
23. DATE FILED (Month, Day, Year) SEP 25 1992		24. REGISTRAR'S SIGNATURE Selma Colborn	
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	
<p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>27. TIME OF DEATH 5:01 A.</p> <p>28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) Nicholas H. Dienel</p> <p>30. DATE SIGNED (Month, Day, Year) 9/23/92</p> <p>31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Nicholas H. Dienel M.D. 520 Medical Center Drive #100 Medford Oregon 97504</p> <p>32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p>			
<p>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</p> <p>31a. TIME OF DEATH M</p> <p>31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M</p> <p>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)</p> <p>33. DATE SIGNED (Month, Day, Year) COUNTY</p>			
<p>34. 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)</p> <p>PART I</p> <p>(a) Ventricular fibrillation</p> <p>(b) Due to, OR AS A CONSEQUENCE OF: Coronary Artery Disease</p> <p>(c) Due to, OR AS A CONSEQUENCE OF:</p> <p>PART II</p> <p>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I</p> <p>35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>37. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>			
40. 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		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		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)	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 4-92

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

DATE ISSUED SEP 30 1992

Henry Collins Jr.
HENRY COLLINS JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 5th day of _____ Oct. _____ A.D., 19 92 at 11:52 o'clock _____ A.M., and duly recorded in Vol. _____ M92 of _____ Deeds _____ on Page 23236.

FEE \$10.00

Evelyn Bighn - County Clerk
By _____

Return: Rosemary Maloney
742 Buena Vista, Klamath Falls, Or. 97601