

51987
F - 9152
I.D. TAG NO.
392
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CONDITIONS
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE
STATING
THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

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1. DECEDENT'S First Name George Harold EMBRY		2. SEX M	3. DATE OF DEATH (Month, Day, Year) Sept 8, 1992
4. SOCIAL SECURITY NUMBER 540-18-8806	5a. AGE Last Birthday (Years) 77	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours Mins
6. BIRTHPLACE (City and State or Foreign Country) De Queen, ARK.		7. DATE OF BIRTH (Month, Day, Year) May 16, 1915	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Foster Care			
9. FACILITY NAME (if not institution, give street and number) Compassionate Adult Foster Care		9a. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls, OR 97603	9b. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		10b. KIND OF BUSINESS/INDUSTRY LOGGING	
11. MARITAL STATUS (Specify only highest grade completed) Married		12. SPOUSE (If Married, Widowed, Divorced (Specify) Ruby Embry	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls
13d. STREET AND NUMBER 827 Lytton Street		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes White	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 8th	
17. FATHER - Name first middle last Joe - Embry		18. MOTHER - Name first middle maiden Ollie - Meyers	
19. INFORMANT - Name and relationship to deceased Ruby Embry Spouse		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gdns.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Pedley		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 10 1992	
24. REGISTRAR'S SIGNATURE Charles Robinson		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 12:10 PM	
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) Ralph A. Breitenstein	
30. DATE SIGNED (Month, Day, Year) 9-5-92		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein M.D./ 2622 Campus Drive/Klamath Falls, OR 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. DATE SIGNED (Month, Day, Year)	
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.) (a) hepatic encephalopathy DUE TO, OR AS A CONSEQUENCE OF: (b) alcoholic cirrhosis DUE TO, OR AS A CONSEQUENCE OF: (c) coronary atherosclerosis		35. INTERVAL BETWEEN ONSET AND DEATH 1 week 3 days Interval between onset and death	
36. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. coronary atherosclerosis		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 checked="" type="checkbox"/> Yes <input 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. 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. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		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 10 1992**Charles Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Ruby Embry** the **7th** day
of **Oct.** A.D., 19 **92** at **11:45** o'clock **A M.**, and duly recorded in Vol. **M92**
of **Deeds** on Page **23469**Evelyn Biehn - County Clerk
By **Charles Robinson**

FEE \$10.00

Return: Ruby Embry
827 Lytton, Klamath Falls, Or. 97601