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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICSOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

Aspen 02038996

Vol. M92 Page 24324

91-010557

087881
I.D. TAG NO.
190

Local File Number

136

State File Number

1. DECEDENT'S NAME First: <u>Martin</u> Middle: <u>Titus</u> Last: <u>WINDER</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 25, 1991</u>
4. SOCIAL SECURITY NUMBER <u>523-28-4899</u>	5a. AGE - Last Birthday (Years) <u>63</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Longmont, Colorado</u>	7. DATE OF BIRTH (Month, Day, Year) <u>January 30, 1928</u>
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) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Lake</u>				
9b. FACILITY NAME (if not institution, give street and number) <u>Klamath Lake - Near Buck Island</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
9d. 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>Maintenance</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Sunny "D" Manufacturing</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>
12. SPOUSE (If Married, Widowed) <u>Audrey</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>903 Mitchell</u>	
13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <u>97601</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 (0-12) <u>12</u> College (14 or 5+) <u> </u>		
17. FATHER - NAME first middle last <u>Charles O. Winder</u>		18. MOTHER - NAME first middle maiden <u>Sally A. Cox</u>		19. INFORMANT - NAME and relationship to decedent <u>Audrey Winder - Wife</u>
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) <u> </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Mem. Gardens</u>		
20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>				
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Jim Lancaster</u>		21b. LICENSE NUMBER (Of Licensee) <u>3224</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>Eternal Hills Funeral Home</u> <u>4711 Hwy #39 / Klamath Falls, Ore. 97603</u>
23. DATE FILED (Month, Day, Year) <u>JUN 3 1991</u>		24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</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		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH M <u> </u> <u> </u> <u> </u>	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH <u>11:00 A</u> M <u> </u> <u> </u> <u> </u>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>Found May 29, 1991 9:00 A</u> M <u> </u> <u> </u> <u> </u>
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>Robert N. Edwards, MD</u>		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) <u>Robert N. Edwards, MD</u>	
30. DATE SIGNED (Month, Day, Year) <u>5-30-91</u>		33. DATE SIGNED (Month, Day, Year) COUNTY <u>5-30-91</u> <u>Klamath</u>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Robert N. Edwards, MD - 2865 Daggett - Klamath Falls, Ore. 97601</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
36. 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) <u>Accidental drowning</u>		Interval between onset and death <u>N/A</u>	
(b) <u>Hypothermia</u>		Interval between onset and death <u> </u>	
(c) <u> </u>		Interval between onset and death <u> </u>	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unk			
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 checked="" type="checkbox"/> N/A			
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			
41a. DATE OF INJURY (Month, Day, Year) <u>5/25/91</u>	41b. TIME OF INJURY <u>11 A</u> M <u> </u> <u> </u> <u> </u>	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) <u>Lake</u>		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>Klamath Lake - Near Buck Is. - Klamath Co., Oregon</u>	

RESERVED FOR REGISTRAR'S USE
4811

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

OCT 13 1992

DATE ISSUED

EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 16th day of Oct A.D., 19 92 at 3:29 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 24324.

FEE \$10.00

Return: Aspen Title Co

Evelyn Biehn, County Clerk

By Pauline Nussle