

094074  
I.D. TAG NO.

466

Local File Number

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

138-

State File Number

52930

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1. DECEASED'S NAME First: Patrick Middle: John Last: PENNY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 23, 1992		
4. SOCIAL SECURITY NUMBER 564-84-9607			5a. AGE Last Birthday (Years) 41	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Los Angeles, CA	7. DATE OF BIRTH (Month, Day, Year) December 2, 1950
8. WAS DECEASED 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"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) U.S. Highway			
9b. FACILITY NAME (if not institution, give street and number) Fish Hole Creek Road			9c. CITY, TOWN, OR LOCATION OF DEATH Bly			9d. COUNTY OF DEATH Klamath
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Pipe Fitter			10b. KIND OF BUSINESS/INDUSTRY Construction			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Roxanna Penny			13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath
13c. CITY, TOWN OR LOCATION Beatty			13d. STREET AND NUMBER Mile Post 41, Hwy. 140 BOX 215			
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			15. ZIP CODE 97621			16. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes
17. FATHER - NAME first middle last Robert F. Penny			18. MOTHER - NAME first middle maiden Barbara N. McConnell			19. INFORMANT - NAME and relationship to deceased Roxanna Penny Spouse
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Klamath Cremation Service			20c. LOCATION - City or Town, State Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James N. Beggs</i>			21b. LICENSE NUMBER (Of Licensee) 52-0297			22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) OCT 27 1992			24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>			
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			
TO BE COMPLETED BY CERTIFYING PHYSICIAN						
27. TIME OF DEATH M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)						
29. DATE SIGNED (Month, Day, Year)						
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601						
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
32. 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) Head Injury with skull fractures and probable cervical spine fracture						
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						
33. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
35. If YTS were findings considered in determining cause of death?						
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention						
41a. DATE OF INJURY (Month, Day, Year) 10-23-92						
41b. TIME OF INJURY 10:25 PM						
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
41d. DESCRIBE HOW INJURY OCCURRED Driver of vehicle ran off road and overturned, ejecting driver.						
41e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) U.S. Highway						
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Fish Hole Creek Road, Bly, Oregon						

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

DATE ISSUED:

OCT 28 1992

Charles Barcus  
CHARLENE BARCUS  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at other request of Roxanna Penny the 28th day of Oct. A.D., 19 92 at 10:57 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 25262.

FEE \$10.00

Return: Roxanna Penny

P.O. Box 215, Beatty, Or. 97621

Evelyn Biehn County Clerk

By *Pauline M. Nusslander*