

02 NOV 0 PM 3 19

Vol. m92 Page 26493

CERTIFICATION OF VITAL RECORD

140058
I.D. TAG NO.

478

Cal File No.

Local File Number

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

135-

State File Number

Local File Number

CERTIFICATE OF DEATH

2. SEX

3. DATE OF DEATH (Month, Day, Year)

1. DECEDENT'S First Name Allen		Middle Neil		Last McEachern		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 1, 1992
4. SOCIAL SECURITY NUMBER 543-10-1560		5a. AGE-Last Birthday (Years) 84	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Hours Mins		8. BIRTHPLACE (City and State or Foreign Country) Portland, OR	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9c. COUNTY OF DEATH Klamath	
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center/ 2865 Daggett				11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Mildred	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Stacker Operator		10b. KIND OF BUSINESS/INDUSTRY Weyerhaeuser Lumber		13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2430 Orchard Street	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97601		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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+)		17. FATHER - Name first middle last John Campbell McEachern		18. MOTHER - Name first middle maiden Fanny Brackett		19. INFORMANT - Name and relationship to deceased Mildred / Spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <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) Eternal Hills Crematory		20c. LOCATION - City or Town, State 4711 Hwy 39 Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jim Lancaster</i>		21b. LICENSE NUMBER (Of Licensee) 3224		22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy 39/Klamath Falls, Oregon		24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
23. DATE FILED (Month, Day, Year) NOV 04 1992		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 16:02 PM	
27. TIME OF DEATH 16:02 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) <i>R. A. Breitenstein</i>		30. DATE SIGNED (Month, Day, Year) 11-2-92	
30. DATE SIGNED (Month, Day, Year) 11-2-92		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Ralph A. Breitenstein M.D./2622 Campus Dr./Klamath Falls, Oregon 97601		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)		33. DATE SIGNED (Month, Day, Year) COUNTY	
33. DATE SIGNED (Month, Day, Year) COUNTY		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. 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.)		36. INTERVAL BETWEEN ONSET AND DEATH 6 mo	
35. 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.)		36. INTERVAL BETWEEN ONSET AND DEATH 6 mo		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		39. If YES were findings consistent in determining cause of death?		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Indetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Homicide	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Indetermined <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	
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. DESCRIBE HOW INJURY OCCURRED	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, S		41g. LOCATION (Street and Number or Rural Route Number, City or Town, S	

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: NOV 05 1992

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mildred McEachern the 9th day
of Nov. A.D., 19 92 at 3:19 o'clock P M., and duly recorded in Vol. M92,
of _____ of _____ Deeds _____ on Page 26493

FEE \$10.00
Return: Mildred McEachern
2430 Orchard Ave., Klamath Falls, Or. 97601

Evelyn Biehn -County Clerk
By *[Signature]*