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CERTIFICATION OF VITAL RECORD

103029
I.D. TAG NO.

425

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136

CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First Middle Last NAME Melvin Louis Ingalls			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Sept. 27, 1992
4. SOCIAL SECURITY NUMBER 563-28-3125	5a. AGE-Last Birthday (Years) 65	5b. Under 1 Year Mos Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Morrilton, Ark.	7. DATE OF BIRTH (Month, Day, Year) Nov. 23, 1926
8. 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 type="checkbox"/> ER/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)				
9b. FACILITY NAME (If not institution, give street and number) 29623 E. Rainbow Rd			9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls, OR	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Lab. Tech.			10b. KIND OF BUSINESS/INDUSTRY Petroleum	
11. RESIDENCE - STATE Oregon			12. SPOUSE (If Married, Widowed, Divorced (Specify)) Annabel Ingalls	
13a. RESIDENCE - COUNTY Klamath			13b. STREET AND NUMBER 29623 E. Rainbow Rd.	
13c. CITY, TOWN OR LOCATION Klamath Falls			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. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			16. RACE American Indian, Black, White, etc. (Specify) White	
17. ZIP CODE 97601			18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1-4	
19. FATHER - NAME first middle last -			20. MOTHER - NAME first middle maiden Frances - Delong	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles Robinson</i>			22. NAME, ADDRESS AND ZIP OF FACILITY Wards Klamath Funeral Home Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) SEP 28 1992			24. REGISTRAR'S SIGNATURE <i>Charles Robinson</i>	
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				
27. TIME OF DEATH 3:15 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>[Signature]</i>				
30. DATE SIGNED (Month, Day, Year) September 28, 1992				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robert F. Bohnen, M. D. 2610 Uhrman Rd. Klamath Falls, OR 97601				
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) DUE TO, OR AS A CONSEQUENCE OF: Metastatic adenocarcinoma of stomach			Interval between onset and death 5 months	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
PART I (c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
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	
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			35. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. DATE OF INJURY (Month, Day, Year)			37. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)			39. DESCRIBE HOW INJURY OCCURRED	
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED:

SEP 29 1992

Charles B. Bohnen
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Annabel Ingalls the 18th day of Nov. A.D., 19 92 at 2:13 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 27414

FEE \$10.00
Return: Annabel Ingalls
29623 E. Rainbow Rd., Klamath Falls, Or. 97601
Evelyn Biehn County Clerk
By *[Signature]*