'92 NOV 23 AM 9 26

54253

Return to:
Patrick D. Clardy
2094 E. Grand Ave,
Apt. 33
Escondido, CA 92027

Vol M92 Page 27699

MTC
27303-KR

CERTIFICATION OF VITAL RECORD

F 9459
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

Local File Number 90

136-
State File Number

CERTIFICATE OF DEATH

DECEDENT

1 DECEDENT'S NAME: Charles Thomas CLARDY
2 SEX: Male
3 DATE OF DEATH: February 20, 1992
4 SOCIAL SECURITY NUMBER: 536-26-6616
5a AGE - Last Birthday (Years): 68
5b Under 1 Year: Months / Days
5c Under 1 Day: Hours / Minutes
6 BIRTHPLACE (City and State or Foreign Country): Philadelphia, PA
7 DATE OF BIRTH: July 2, 1923
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d COUNTY OF DEATH: Klamath
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Conductor
10b KIND OF BUSINESS/INDUSTRY: Railroad
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12 SPOUSE (If wife, give maiden name): -
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 4932 Homedale Rd.
13e INSIDE CITY LIMITS? ☐ Yes ☒ No
13f ZIP CODE: 97603
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15 RACE - American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): -

PARENTS

17 FATHER - NAME first middle last: -
18 MOTHER - NAME first middle maiden: -
19 INFORMANT - NAME and relationship to deceased: Patrick Clardy - Son

DISPOSITION

20a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Memorial Gardens
20c LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b LICENSE NUMBER (Of Licensee): 3224
22 NAME, ADDRESS AND ZIP OF FACILITY: Etenral Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR. 97603
23 DATE FILED (Month, Day, Year): FEB 2 1 1992
24 REGISTRAR'S SIGNATURE: Charlene Barcus

25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26 WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 3:25 A M
28 WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ 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)
30 DATE SIGNED (Month, Day, Year): 2/21/92

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year):
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

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, MD - 2614 Clover - Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST →

PART I
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) Res. Respiratory Failure — Interval between onset and death: 12 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Radiation Pneumonitis — Interval between onset and death: 4 wks
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Carcinoma Lung
37 Did tobacco use contribute to the death? ☒ Yes ☐ No ☒ Probably ☐ Unk
38 AUTOPSY: ☐ Yes ☒ No
39 YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40 MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a DATE OF INJURY (Month, Day, Year)
41b TIME OF INJURY: M
41c INJURY AT WORK? ☐ Yes ☒ No
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, State)

RESERVED FOR REGISTRAR'S USE

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

DATE ISSUED FEB 2 4 1992

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 23rd day of Nov. A.D., 19 92 at 9:26 o'clock AM., and duly recorded in Vol. M92, of Deeds on Page 27699.

Evelyn Biehn - County Clerk

FEE $10.00

By Pauline Mullendore