

CERTIFICATE OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION Vol. m92 Page 27897
CENTER FOR HEALTH STATISTICS 136.
CERTIFICATE OF DEATH

54343

103107
I.D. TAG NO.
600

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Ella</u> Middle: <u>Roseana</u> Last: <u>GARRETT</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>Nov. 19, 1992</u>
4. SOCIAL SECURITY NUMBER <u>543/20/5975</u>	5a. AGE Last Birthday (Years) <u>86</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u>	5c. Under 1 Day Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Anoka, NE.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>Dec. 30, 1905</u>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>Foster Care</u>			
9. FACILITY NAME (If not institution, give street and number) <u>125 Pine Street</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>		12. SPOUSE (If Married, Widowed) <u>Clarence F.</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>2009 Vine Street</u>	
14. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+) <u> </u>		17. INFORMANT - NAME and relationship to deceased <u>Lenore Bohannon / Step-Dau.</u>	
18. FATHER - NAME first middle last <u>John H. Moos</u>		19. MOTHER - NAME first middle maiden <u>Amelia E. Esterling</u>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input 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>Klamath Memorial Park</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Charles D. Bury</u>		21b. LICENSE NUMBER (Of Licensee) <u>3409</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u> <u>1945 Main Street</u> <u>Klamath Falls, Ore. / 97601</u>		23. REGISTRAR'S SIGNATURE <u>Charles Robinson</u>	
24. DATE FILED (Month, Day, Year) <u>NOV 20 1992</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <u>0620</u>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>Charles D. Bury</u>			
30. DATE SIGNED (Month, Day, Year) <u>November 19 1992</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
33. 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 (a) <u>Unknown Natural</u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (b) <u> </u>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART (c) <u>Alzheimer Disease</u>		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41a. DATE OF INJURY (Month, Day, Year) <u> </u>		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED <u> </u>	
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <u> </u>		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>	

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

NOV 20 1992

DATE ISSUED:

Charles Robinson
CHARLENE BABCOCK
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Chas. E. Bohannon the 24th day of Nov. A.D., 19 92 at 11:19 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 27897.

By Evelyn Biehn County Clerk
Pauline M. Mendenhall

FEE \$10.00

Return: Chas. E. Bohannon
2511 Applegate, Klamath Falls, Or. 97601